HISTORY

In early 2003, the New Mexico IP & EMS Bureau initiated an effort to gather information and input from the state's entire base of EMS providers regarding the overall status of the pre-hospital care system in the state. This effort, the "EMS Systems Review Project", was initiated in January of 2003 through the development of a committee of made up of EMS system participants and the consummation of a contract with Mr. D. Randy Kuykendall to serve as the project consultant.

Initial planning meetings held in the early months of 2003 resulted in the development of two survey instruments that would be used to gather information regarding the current status of EMS services in New Mexico. One instrument, the "Provider Agency Survey" was developed to gather information directly from EMS agency Directors/Chiefs regarding a broad range of issues including service demographics, medical control, operations, mass casualty planning, and other EMS system components. The second survey instrument, the "EMS Provider Survey" was developed to gather information from individual EMTs throughout the state regarding their perspective of EMS system operations.

This document includes only the results of the EMS Provider Survey. A total of 116 EMS agencies responded to the survey. This represents approximately 36% of the 318 agencies that make up New Mexico's EMS system. However, less than 2% of the EMTs to whom the EMS Provider Survey was mailed responded to that instrument. As a result of the statistical insignificance of the response to the EMS Provider Survey, no report of this data was completed.

The survey instruments were mailed to agencies and individuals in the summer of 2003 with results being gathered throughout the summer and fall of that year. Once the survey instruments were completed, the information was collated and is synthesized within this document. The information contained herein is designed to provide generalized guidance to state, regional, and local pre-hospital care systems in a way that will provide the basis for planning activities.

METHOD

The research method used in this project was the development of a comprehensive survey tool that was sent to approximately 318 EMS provider agencies and 500 individual EMS providers throughout the state. The survey tools were developed using a group process. Members of the development group included representatives of EMS agencies from each of the state's 3 EMS regions as well as state and regional EMS agencies. In order to improve the survey's completion rate, the instrument was mailed to all EMS services participating in the 2002 EMS Fund Act application process. The data gathered is generally reflective of the period July 1, 2001 through June 30, 2002.

The total responses included in the analysis of the EMS provider service survey were from 116 individual services. This represents approximately 36% of the EMS services in New Mexico. Due to the structure of the survey tool, not all respondents completed each data point, and in some cases respondents provided more than one response to a given data point. The data was entered into a database and was also tallied by hand to ensure accuracy. Both the hard copy of each survey, along with the database used to evaluate the data is available for inspection at the Emergency Medical

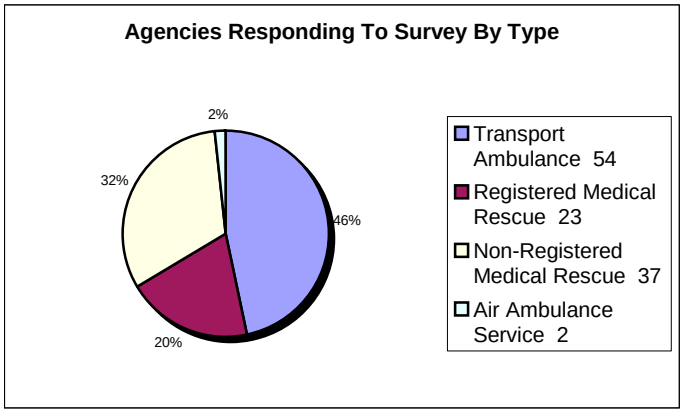
Systems Bureau. A comprehensive listing of the agencies responding to the survey is contained in the appendix section of this report.

In reviewing the demographics of the agencies that responded to this survey, it is notable that some of the larger EMS agencies in New Mexico did not submit responses. Therefore, the much of the data reflected in this report is reflective of mid-sized and small fire departments/EMS agencies. Although this may somewhat distort the results, it also provides a unique snapshot of the condition and preferences of New Mexico's rural and frontier pre-hospital system. The reader of this document should keep in mind that the majority of the landmass in the state is highly rural and/or frontier and the special issues facing the providers of health care in these areas are unique.

The results contained in this report reflect the results of the EMS provider survey as submitted. Further analysis of this information will be required in order for EMS policy-makers to make decisions with regard to the current status and future direction of the Emergency Medical Services system throughout the State of New Mexico.

SURVEY DEMOGRAPHICS:

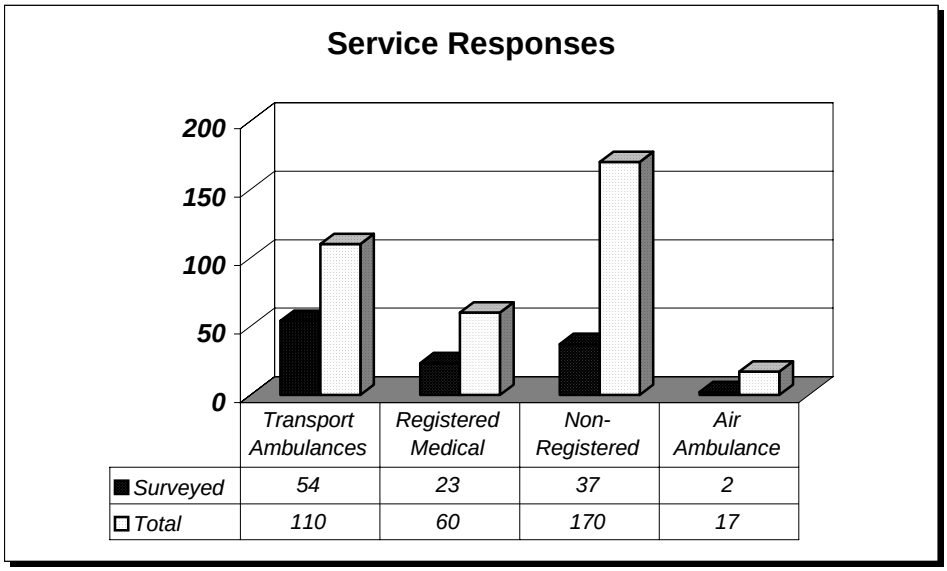
The initial section of the survey instrument gathered overall service demographic information. For the purposes of this report, information is provided in aggregate form unless otherwise noted.



The agencies responding to the survey seem to be a relatively appropriate cross section of the EMS system in New Mexico. Although a number of large EMS agencies responded, several did not. Thus, the overall numbers of agencies responding to the survey are medium to small agencies with a high percentage of volunteer agencies.

Table 1

Table 2 shows the comparison of services that responded to this survey, as opposed to the total number of EMS agencies by type in the State of New Mexico.



	Transport Ambulances	Registered Medical	Non-Registered	Air Ambulance
Surveyed	54	23	37	2
Total	110	60	170	17

Table 2

Table 3 shows the overall number of responses by EMS Region. Although the report reflects approximately 36% of the total number of EMS agencies in New Mexico, this is a statistically valid percentage with regard to the goals of this effort.

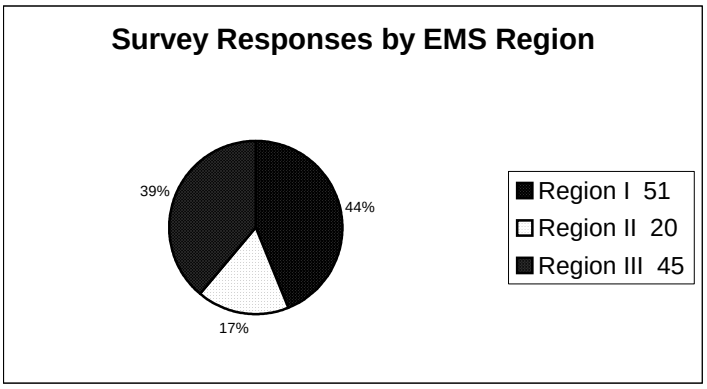


Table 3

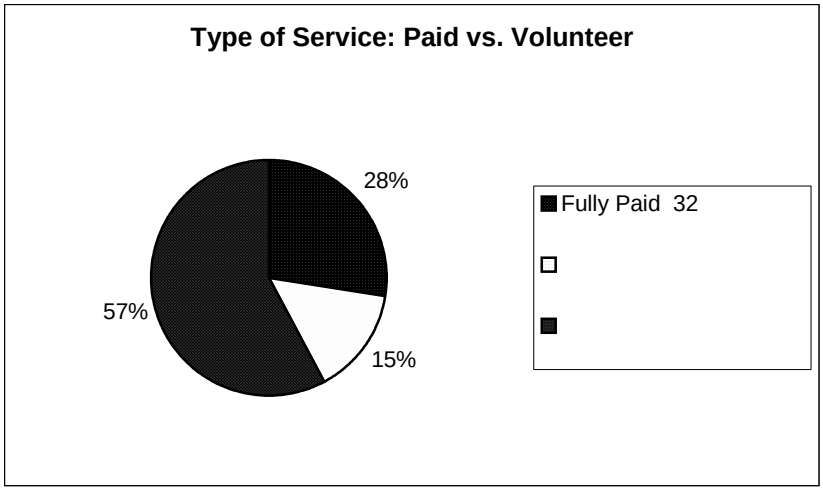


Table 4

As discussed previously, since some of the larger EMS agencies serving urban areas did not participate in the survey, predictably many of responses came from fully volunteer services. Thus, it is important to view the overall survey results from this perspective. The data is highly reflective of the current condition of EMS in New Mexico outside of major metropolitan areas.

Table 5 shows the levels of pre-hospital care provided by those agencies that responded to the survey. Agencies were asked to detail the level of pre-hospital care that their agency provides 24 hours per day. These data do not reflect situations where some agencies provide higher levels of care when personnel are available.

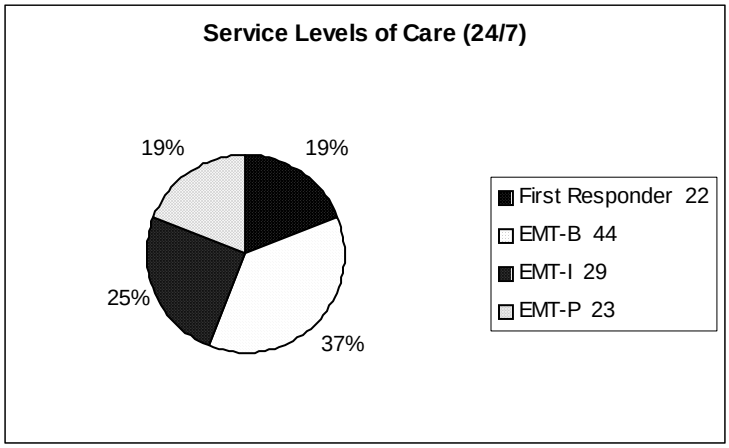


Table 5

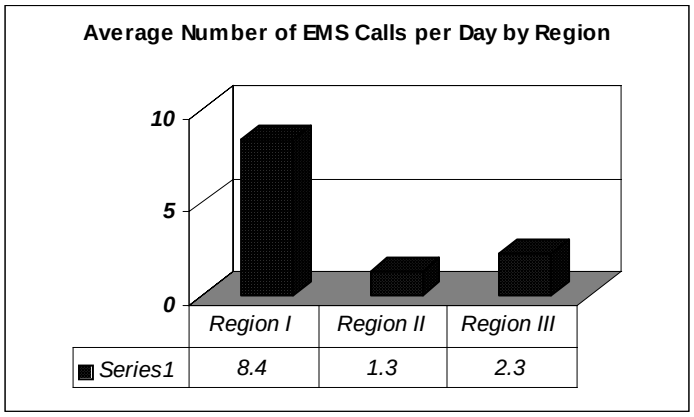


Table 6

The table to the left illustrates the average number of EMS calls per day by region that was declared by respondents. The overall average number of calls per services statewide was **4.0**. This number is lower than would be expected had all of the EMS services participated in this survey. However, the data represented here is highly indicative of the call volume of the predominately rural/frontier EMS agencies that serve the state.

Legislation, Regulation, and Organization

The second section of the survey instrument dealt with EMS agency perspectives regarding the current status of laws, regulations, and organizational support of the system in New Mexico. The objective of this section of the survey tool was to gather inputs regarding methods to improve the support of local pre-hospital care agencies from the Regional and state levels.

Agencies were asked to respond to the following question: *"How effective you believe that the IP & EMS Bureau's regulations are in setting the standards of care throughout the state"*. Responses were recorded using a Lichert scale of 1 to 4 with 1 being "ineffective" and 4 representing "very effective". Responses of less than 2 were recorded as ineffective, 2-3.5 recorded as effective, and responses greater than 3.5 were recorded as rating the regulations and standards as very effective.

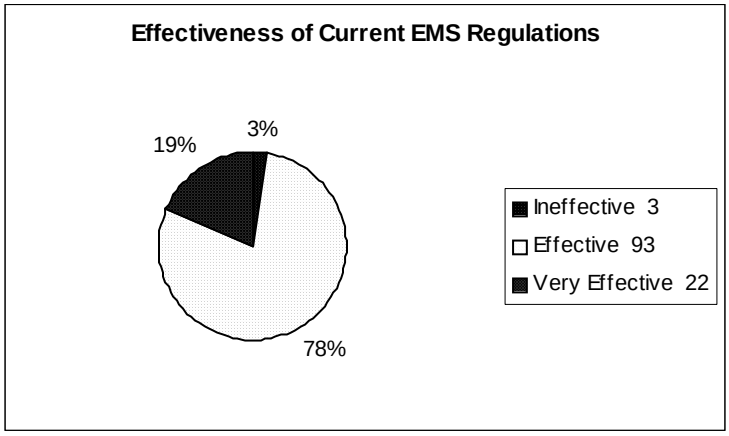


Table 7

EMS agencies were asked their view of the current levels of governmental regulation in New Mexico. The responses were recorded using the Lichert scale of 1-4 with 1 representing "not enough regulation, 2 representing "sufficient regulation" and 4 representing "too much regulation". Responses below 2 were rated as "not enough", 2 – 3.5 as "sufficient", and above 3.5 were rated as " too much regulation". Table 8 indicates that of the agencies responding to this survey, 86% feel that at the present time, there is sufficient regulation of the EMS industry in New Mexico.

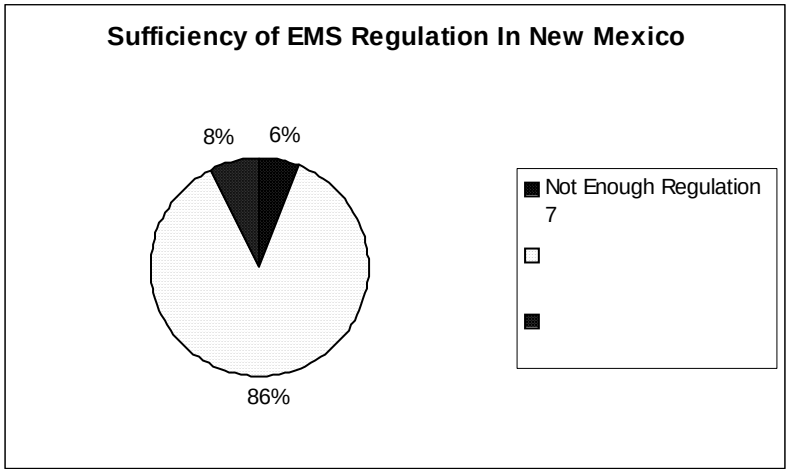


Table 8

One of the most significant questions in this section of the survey was the selection, by relative importance, of future activity in several system components over the next 5 years. The areas of activity that were offered as survey topics included:

System Finance & Funding
Training & Education
EMT Licensing
Trauma System Development
Emergency Preparedness
Ambulance/Registered Medical Rescue Service Regulation
Air Ambulance Regulation
First Response Services
Pre-hospital scopes of practice
Hospital categorization

In addition, respondents were allowed to answer "other" and make suggestions. Only 5 responses were recorded in the "other" category and only one specific comment was recorded.

Respondents were asked to rank each of the listed activities as to whether they believed that administrative activity in each area over the next 5 years was "not important", "important", or "very important".

The overall outcome of this survey question resulted in the following information in rank order by "Very Import":

	Not Important	Important	Very Important
System Finance & Funding	0%	26%	74%
Training & Education	2%	24%	74%
Pre-hospital scopes of practice	4%	39%	57%
Emergency Preparedness	4%	49%	47%
EMT Licensing	3%	58%	39%
First Response Services	9%	53%	38%
Trauma System Development	4%	59%	37%
Hospital categorization	24%	53%	23%
Air Ambulance Regulation	14%	64%	22%
Ambulance/Registered Medical Rescue Service Regulation	9%	71%	20%

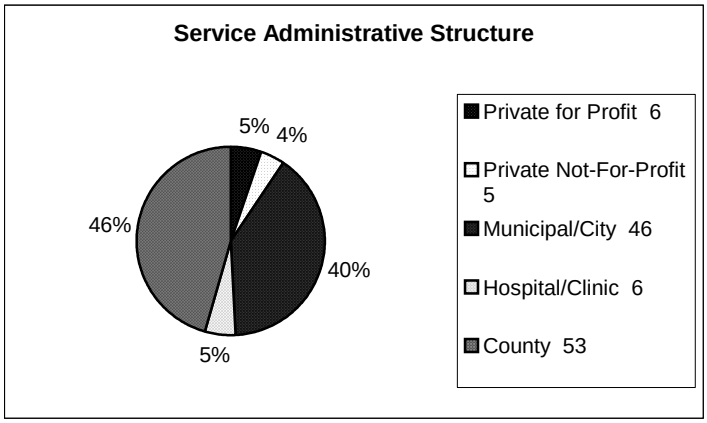
Table 9

There are a number of conclusions that can be drawn from this information. The EMS agencies that responded to this survey indicate that System Finance, as well as Training & Education are significantly important issues that should be addressed over the next 5 years. Additionally, the regulation of ambulance/registered medical rescue services is of high value to the respondents when considering the "Important" category.

As mentioned previously, the category of “other” was offered to the respondents. Although 5 respondents checked this category, the only specific response received was “Need to increase the recruiting of personnel.” This was a relatively short comment, it can be assumed that the respondent feels that the specific recruiting of personnel is of significant value and should be considered as a priority for future planning purposes.

EMS System Finance

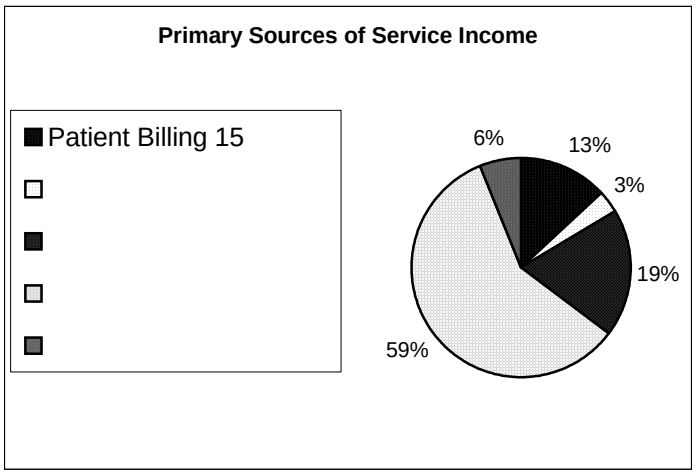
The next section of the survey was information regarding the financial situation of EMS agencies in New Mexico. Agencies were asked to first describe the manner in which they are currently administered. The following responses were recorded:



86% of the services responding to this survey indicate that local or county government is responsible for supporting their agencies. The majority of respondents are thus part of local or county government and subject to the taxpayers of New Mexico in one form or another.

Table 10

The survey respondents were asked to declare their primary source of income used for system operations.



The most significant observation regarding this information is that 59% of the respondents indicated that their primary source of income is the New Mexico EMS Fund act. This correlates to the high number of agencies responding to this survey that described themselves as volunteer EMS services and would seem to indicate that most of these agencies rely on the New Mexico EMS Fund Act as their primary source of income. As a vital part of the financial stability of these agencies, it is critical to the long-term well being New Mexico’s rural EMS infrastructure that this funding remain consistent with service needs.

Table 11

In addition to identifying the primary sources of income that EMS agencies have, the respondents were asked to identify, by percentage, the overall sources of their income.

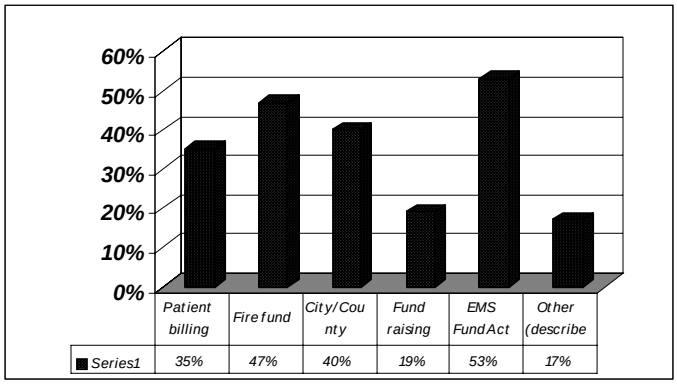


Table 12

Those EMS services with multiple sources of income were asked to estimate the percentage of income derived from each source. The percentages of income indicated that most services responding to this survey generate the majority (53%) of their income from the EMS Fund Act. Again, this relates to the demographics of the agencies that responded to this survey. With the majority of services being identified as rural systems, it can be expected that many of these services depend on EMS Fund Act dollars, as well as city/county, and fire funds to support their operations.

Agencies were asked for their average collection rate if they charged patients for their services. The overall average collection rate provided by the respondents was 42% of all charges. Collection rates by region are reflected in Table 13

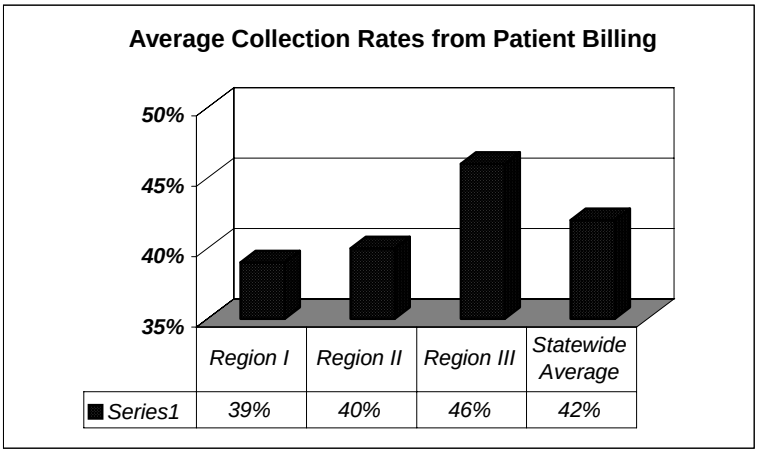


Table 13

One of the keys to maximizing patient billing is using state-of-the-art medical billing systems. EMS agencies were asked to identify the type of billing system used, if they charged for medical services. As indicated in the chart above, 49% of the respondents indicate that they do not charge patients for their services. Of those agencies who do charge patients for their services, 10 agencies indicated that they presently have no formal billing system. This correlates to the collection rate that is reflected in Table 13. Efforts to assist EMS agencies to improve their billing practices will improve the overall collection rates, thus having a positive impact on the overall financial situation of many of these agencies. If steps can be taken to improve the collection rates in these services, less dependence on EMS Fund Act dollars might also be realized by many of these agencies.

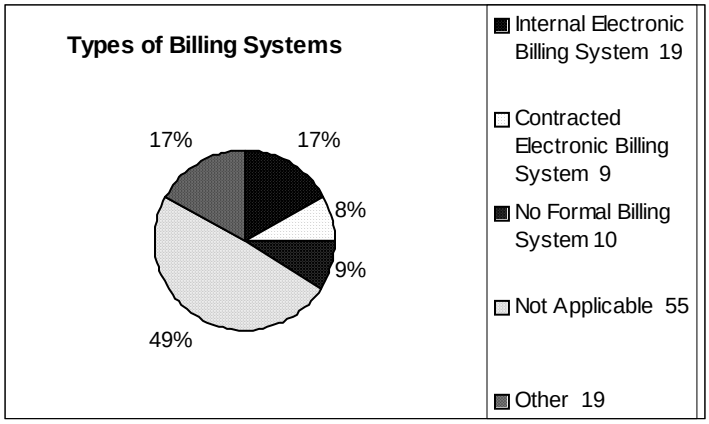


Table 14

EMS services were asked to identify their compliance with HIPAA regulations. Their responses are identified in table 15.

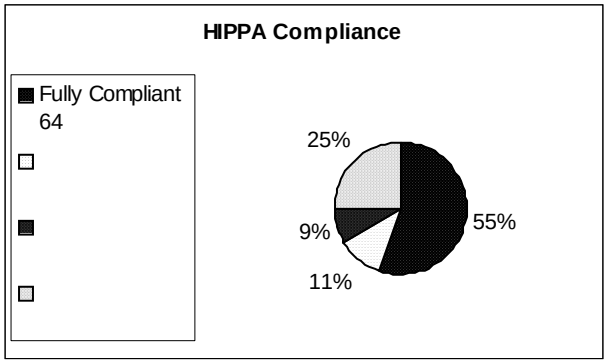


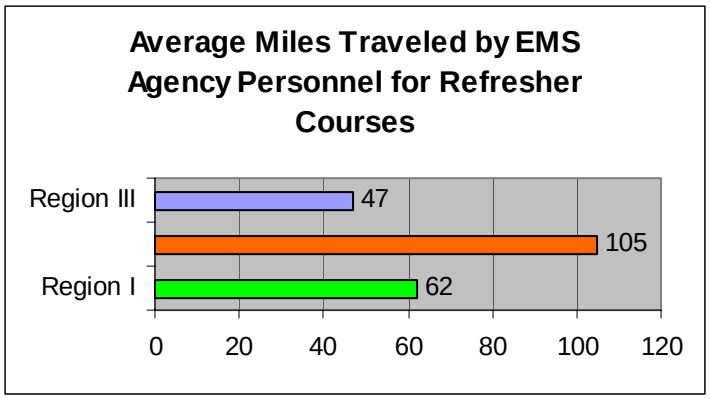
Table 15

The respondents indicate that although 66% of them are either fully compliant or at least partially compliant, 34% of the services responding are either non-compliant or don't know whether they are compliant. Efforts should be undertaken to ensure that those agencies that may not be compliant with the HIPPA requirements do so as soon as possible.

Access to Training & Continuing Education

The next section of the survey focused on determining EMS agency views regarding their access to training and educational opportunities.

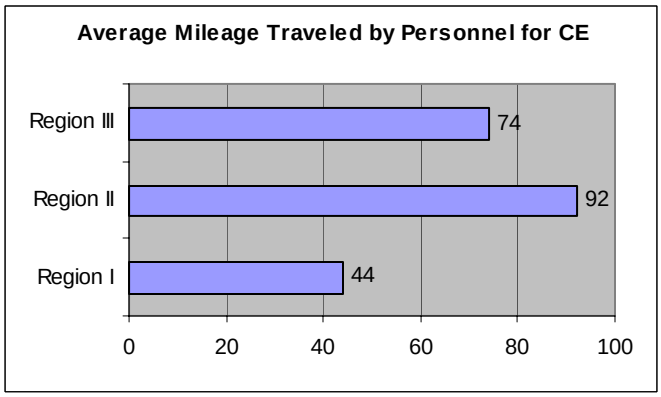
Agencies were asked to identify the distance that personnel are required to travel to access EMS refresher courses. This data point includes First Responder, EMT-B, EMT-I, and EMT-P refresher courses.



The outcome of this data is consistent with information that was gathered in a previous study of the EMS training system in New Mexico. Given the extensive distances that EMS providers are required to travel to receive the training necessary to maintain their licensure, it is important that state and regional policy-makers continue to support the concept of delivering EMS education in formats that support the retention of trained personnel throughout New Mexico.

Table 16

Agencies were also asked to identify the average mileage that personnel are required to travel to obtain state approved continuing education.



Combined with the average mileage traveled by personnel for refresher courses, it seems clear that EMS personnel throughout New Mexico are required to do significant travel in order to maintain their credentials. Efforts to increase the availability of both refresher and CE courses should continue.

Table 17

In conjunction with the distances traveled by EMS personnel to attend state approved continuing education, agencies were also asked to identify whether or not they currently hold approval to provide continuing education.

In order for EMS personnel to have greater access to continuing education, it is important to increase the number of agencies that provide approved EMS continuing education programs. Regional and state EMS agencies should prioritize the development of service and area level CE programs to improve the availability of classes for agency personnel.

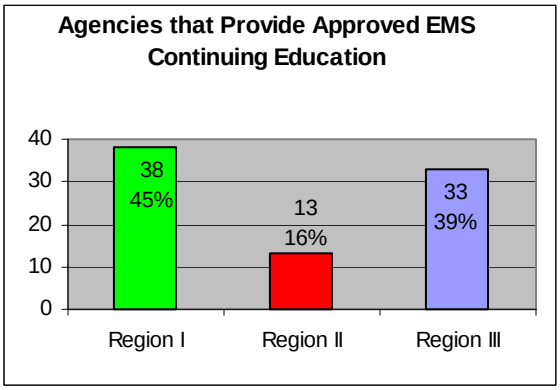


Table 18

A follow-up question asked respondents whether their CE offerings were available to personnel outside of their EMS agency. Only 12 of 84 agencies indicated that their Continuing Education offerings were not open to EMTs from outside of their own service.

The respondents were asked to identify the relative barriers to their ability to obtain both refresher courses and/or continuing education. Their responses were rated as to the relative importance that each barrier presented to their service. The results of this question, in rank order based upon "Important' are:

Barriers	**Not Important**	**Important**	**Very Important**
Scheduling of courses	7	64	45
Quality of courses	6	55	48
Lack of instructional materials	34	55	23
Cost of courses	12	54	48
Unaware of course announcements	19	50	43
Distance to courses	11	49	56
Quality of instructors	9	44	58
Language barriers	73	26	7

Table 19

This table indicates that the scheduling, quality, and availability of instructional materials are significant barriers to the education of EMS personnel in New Mexico. Efforts to improve the methods of delivery, and quality of EMS education courses must continue to ensure that local communities have sufficient trained personnel to meet the needs of their community.

Respondents were asked to identify their level of satisfaction with the current system of EMS initial and continuing education in New Mexico. The results are as follows:

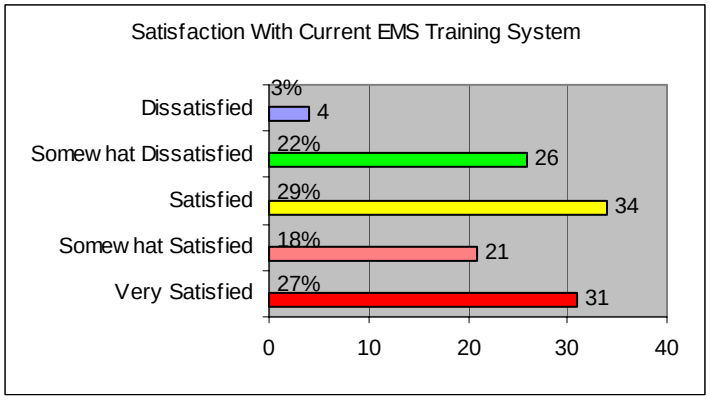


Table 20

Although approximately 74% of the respondents indicate that they are satisfied with the current EMS education training system in New Mexico, 26% of the respondents indicate that they are dissatisfied to some level. This clearly indicates that there continues to be opportunities to improve the delivery and quality of EMS education throughout the state. It is vital to the continued integrity of New Mexico's pre-hospital care system that concentrated efforts continue to be made to improve the delivery of initial, refresher, and continuing education to the state's pre-hospital care agencies.

Evaluation

This section of the survey asked EMS providers specific questions regarding their evaluation systems that are presently in use. The on-going evaluation of any EMS system is critical to the continued development of all partners involved in the emergency care of its patients.

The first question asked providers to indicate whether it is their policy to complete a patient care report (run form) on each patient contact. The responses indicate that the vast majority of EMS agencies do complete an individual patient care report on each contact. However, there remain a few agencies that do not conduct this practice.

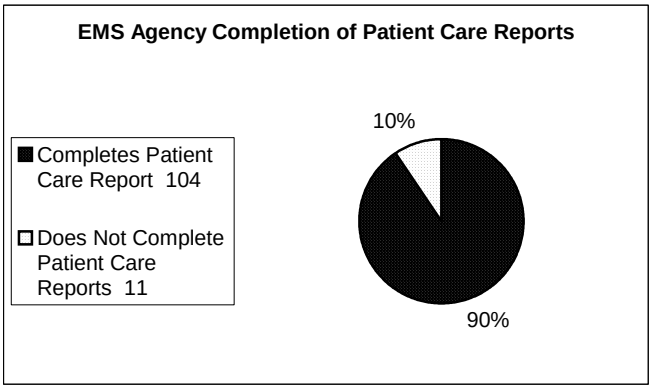


Table 21

EMS agencies were asked to indicate their current practice with regard to leaving patient care reports at the receiving hospital. Understanding that this practice is extremely important to the continuum of care, agencies were mixed in their policies.

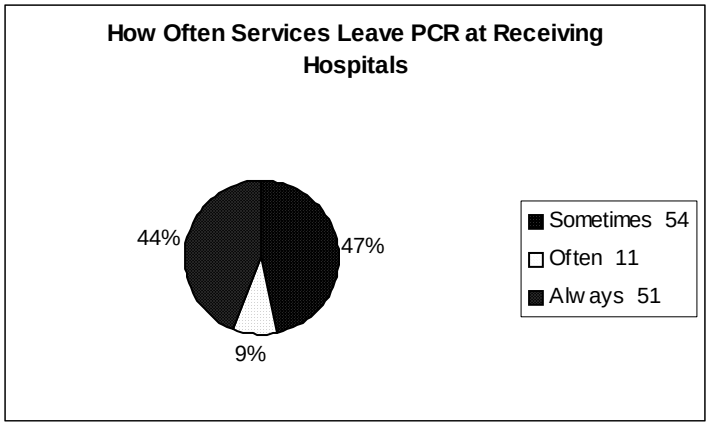


Table 22

Based upon the response to this question, it appears that approximately 58% of the agencies reporting do not routinely leave copies of the pre-hospital care report with receiving hospitals. Since the continuum of care for patients relies on information being passed from the pre-hospital phase to the hospital phase of patient care, it is vital that EMS agencies provide copies of their information to receiving hospitals. Steps should be taken to support the implementation of procedures within each agency to ensure that a copy of the pre-hospital patient care report is left with receiving hospitals. In many situations, it may be that EMS first response agencies are presently unable to pass along their reports to transporting agencies which in turn can pass them along to receiving hospitals. It is suggested that consideration be given to the development of patient care report forms that are more appropriate for non-transporting agencies. This might provide an increased opportunity for these agencies that do not transport to complete their documentation in a timely manner that would enhance the completion of forms to the receiving hospitals.

One of the most significant practices that an EMS agency can perform with respect to system evaluation is periodic chart reviews. The process of reviewing patient care charts on a regular basis provides the foundation of the quality improvement process. The following graph indicates the frequency of chart review that is being conducted by those agencies responding to the survey.

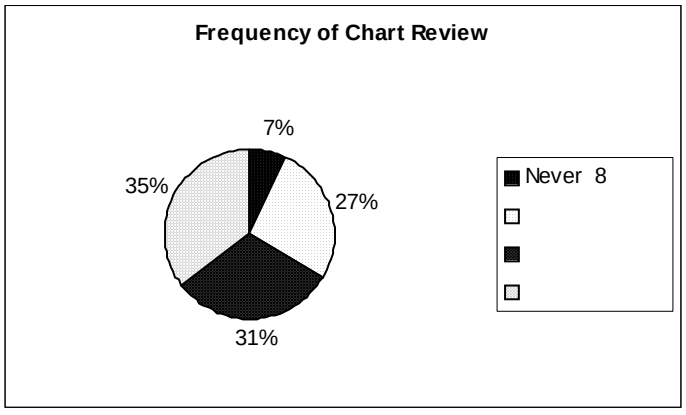


Table 23

Approximately 34% of the agencies responding to the survey indicated that they either never have chart reviews or only review charts “sometimes”. In order to gain a more complete understanding of this data, identification of the types of EMS agencies that are included in this group was analyzed. Approximately 85% of the agencies that either never or sometimes conduct chart review are non-registered Medical Rescue agencies. Under the current regulations governing these agencies, they are not required to have a service medical director. It can be assumed that since many of these agencies do not presently have a medical director, their policies regarding chart review

are relatively non-existent. However, regardless of the type of agency that is providing patient care, the regular review of patient care records is a vital component of an appropriate quality improvement process. Steps should be taken to encourage all EMS agencies to implement patient care chart reviews.

A direct correlating issue with regard to EMS chart review is the level of involvement by the service medical director. The following graphic shows the response of agencies to the question of whether or not their agency medical director is involved in the chart review process.

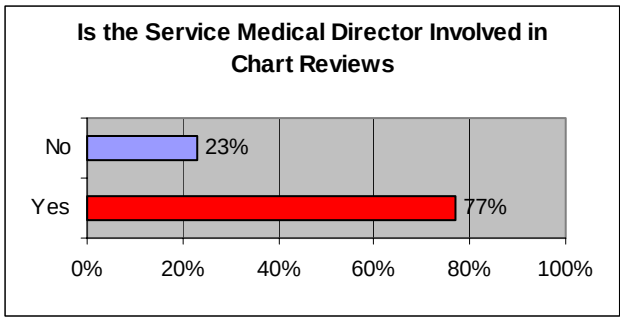


Table 24

Although the vast majority of agencies responding to the survey indicate that their medical director is involved in the internal chart review process, it is important to note that 23% of the agencies reported that their medical director is not involved in the chart review process. However, approximately 74% of the agencies that responded "No" to this question are non-certified Medical Rescues. Per the discussion previously, these agencies are not required to have a medical director, thus there seems to be a relatively small percentage of agencies that have medical directors that are not participating in the chart review process. It is important to note that this lack of involvement is striking and indicates the need for continued efforts to ensure the regular involvement of service medical directors in the quality improvement of local EMS agencies.

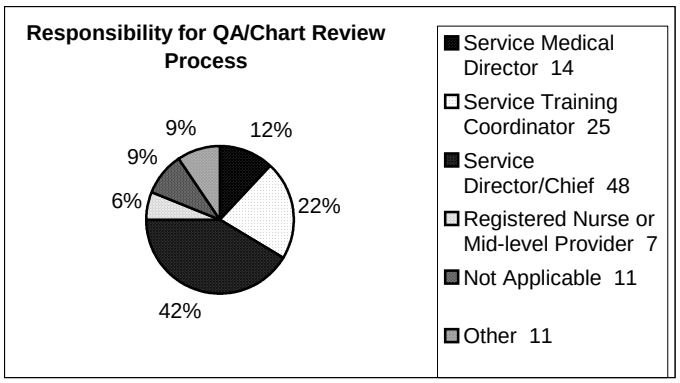


Table 25

Respondents were asked to identify the person/position within their agency who is responsible for the day-to-day operation of the service QA/chart review process. The chart above indicates that the majority of services rely on their director/chief to maintain the daily operation of this activity with service training coordinators being the second most frequent position responsible for this activity. In most services, the medical director does not have a daily role in operations of this nature, but relies on internal personnel to review and forward cases for specific review.

With this in mind, the survey asked whether the service medical director is involved in the final review of chart audits/QA processes. The following chart reflects these results.

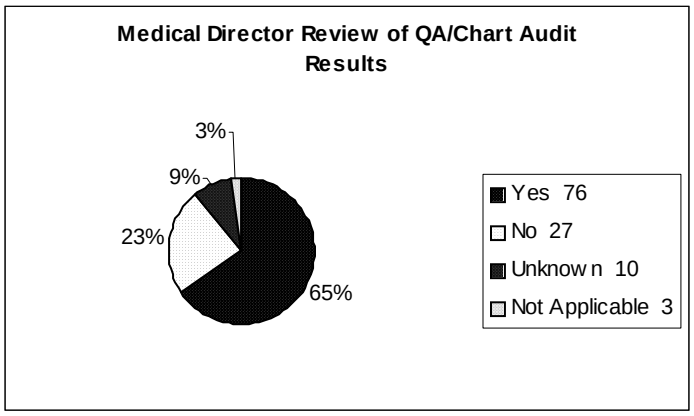


Table 26

Although just over 2/3 of the responding agencies indicated that their service medical director is involved in the review of the chart audit/QA process within their service, approximately 1/3 of the responding agencies indicated that their medical director does not have this level of involvement.

The final question posed to EMS services was to estimate the overall percentage of patient care reports that are audited annually within their agency. The statewide average indicates that someone within their agency audits 61% of all patient care reports. This is a relatively high percentage of patient care report audits and would seem to indicate that most agencies that are performing quality improvement audits are reviewing a large percentage of their reports.

Facilities

The current status of facilities throughout New Mexico is vital to the overall well being of its EMS system. This section of the survey asked EMS agencies to provide feedback regarding the relationships between their agencies, the hospitals/clinics that routinely receive their patients, and the trauma system development activities within their area.

One of the most important aspects in the development of a statewide trauma care system is broad-based participation in the Regional Trauma Advisory Committee (RERTAC). In order for the full capabilities of the medical care system in New Mexico, it is vital that pre-hospital care services work closely with receiving facilities and the administrative structures established to enhance the capabilities of the overall patient care process.

EMS agencies were asked to indicate whether or not their agency worked with their RETRAC on a regular basis. The respondents provided the information in Table 27.

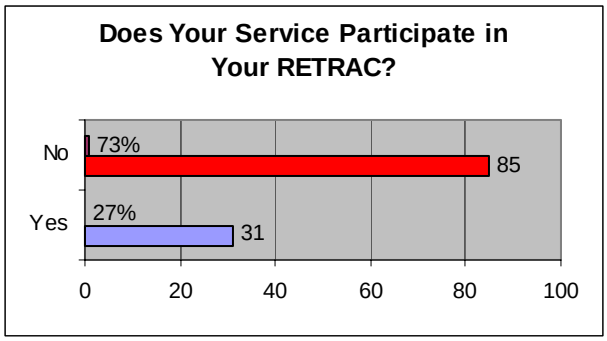


Table 27

It is important to note that the vas majority of the respondents indicate that they do not participate on a regular basis with their RETRAC organization. This is clearly an area where significant improvement can be realized in the future through various administrative approaches.

EMS agencies were asked to identify the average number of miles that their agency must transport patients to the primary receiving hospital for their area.

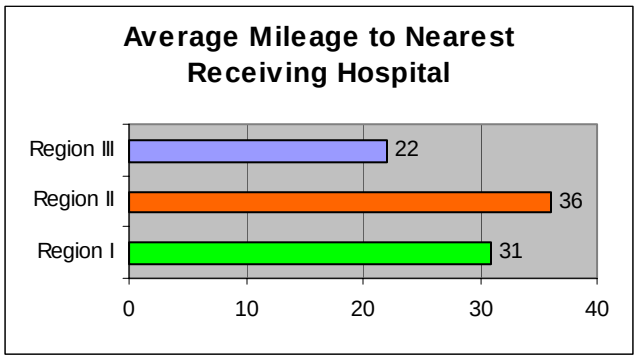


Table 28

Due to the overall rural nature of the respondents to this survey, the average mileages are significant. Again, this is an aspect of the rural nature of New Mexico's EMS system that reflects the special needs and circumstances that many EMS agencies face in providing care and transportation to their communities.

A significant issue in many EMS systems today is the diversion of ambulances from primary receiving facilities as a result of over-loaded emergency departments and the un-availability of critical care beds. Respondents to this survey were asked to state whether ambulances from their agencies were being diverted from their primary receiving hospitals. The results of this question were as illustrated below:

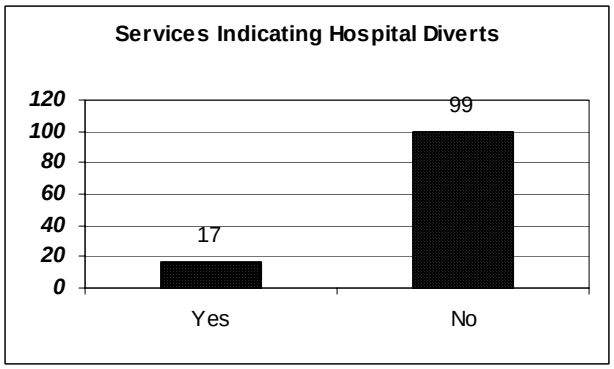
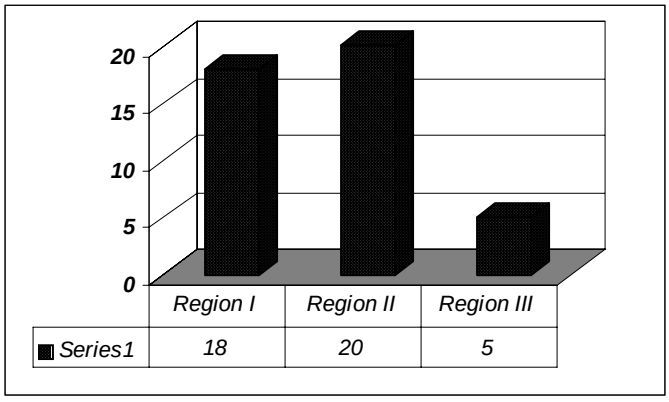


Table 29

Although the vast majority of agencies responding to this question indicated that their ambulances are not being diverted from the primary receiving facilities, the 15% that stated their units are being diverted represent a potentially significant raw number of patients and should be reviewed and strategies developed to decrease the number of diversions wherever possible. Since the majority of services responding to this survey are rural agencies, it is highly likely that those agencies responding that they are being diverted are located within more urban areas of New Mexico.

Of the services that indicated that they were experiencing divert orders from primary receiving hospitals, they were asked the approximate percentage of patients that are being diverted. The responses are reflected in Table 30:



Understanding that there are relatively few communities in New Mexico where multiple hospitals serve the same area, it is important to note that hospital divert situations are primarily confined to specific areas. Local, regional, and state agencies responsible for EMS system planning should closely monitor the areas of New Mexico where ambulance diverts occur and work with these communities to resolve these issues.

Table 30

Integration of Health Care Services

Another vitally important aspect of EMS system development and planning is the integration of the various components of the emergency health care system. This section of the survey asked respondents to discuss their level of participation in various health care planning activities and to what degree they participate in the overall integration of their agency into the overall health care system.

Agencies were asked to identify whether or not they had a mechanism within their service or system to be participants in their local health care planning process. The services responded as follows:

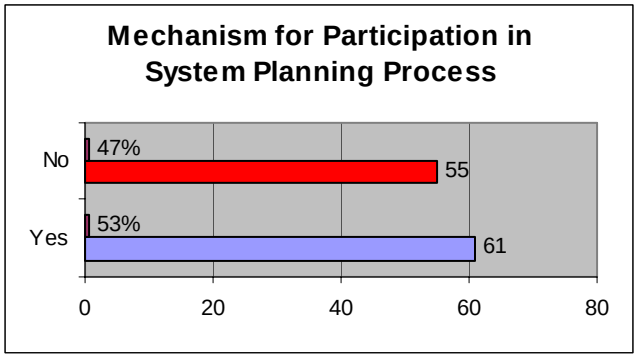
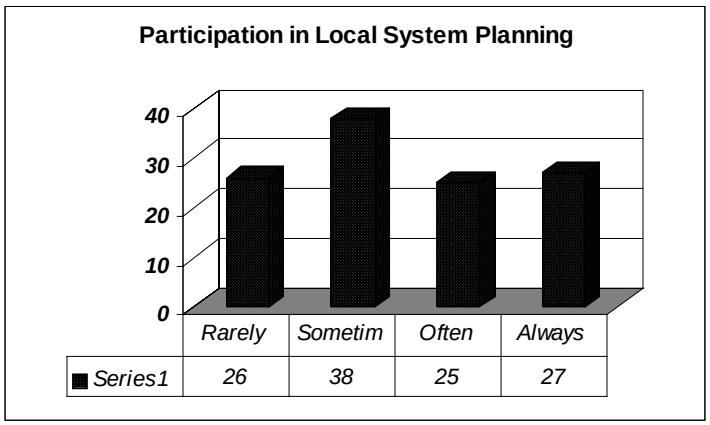


Table 31

The EMS agencies were asked to identify their frequency of participation in their local EMS system planning process. Their responses to this question reflected in table 32:



This response seems to indicate that the majority of respondents are not regularly involved in the planning activities of their local EMS systems. This may indicate a need to take steps to improve the full participation of all stakeholders in each local EMS system as well as regional and state EMS system planning activities.

Table 32

The respondents were asked to identify those health care and administrative agencies with whom they routinely interact in their medical system planning process. The responses were quite varied and reflect a relatively broad base of interaction between EMS agencies and the various health care services at the local and regional level. The individual responses were as follows:

Local Emergency Preparedness Agencies	62
Hospital Emergency Department	55
County/Local Public Health Office	41
Hospital Administration	28
Local Clinics	28
Regional Trauma Advisory Committee	26
Local/County Health Council	16
Hospital Quality Improvement Process	9
Hospital Trauma Services	8
Hospital Surgery/Anesthesia	8
Social Service Agencies	7
Local/County Medical Society	4
Hospital Cardiac Services	2
Nurse's Association	0

Table 33

This category also provided an opportunity for respondents to add any agency with which they interact that was not listed. A total of 8 respondents indicated that they routinely interact with their local EMS regional office in local medical system planning activities.

Medical Direction

In the pre-hospital care industry, an integral part of the ability of agencies to provide services is the provision of medical direction.

EMS agencies were asked to indicate whether they are presently reimbursing their medical director for his/her activities. The respondents provided the following information:

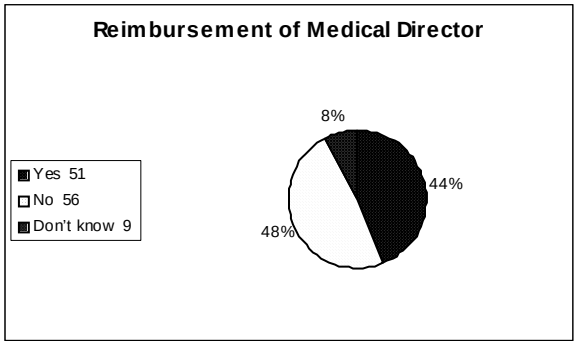


Table 34

This information indicates that approximately ½ of the services do in fact reimburse their medical director for his/her services. However, given that medical direction is a vital component of the local EMS system, the activity of medical directors may be increased through reimbursement for their activities and improving the reimbursement rate of medical directors may become a positive influence on EMS agencies.

Regardless of reimbursement situations, it is required for agencies to maintain written agreements with their medical directors in order to ensure adequate levels of activity and channels of accountability. The respondents were asked to indicate whether or not they currently maintain written agreements with their medical directors.

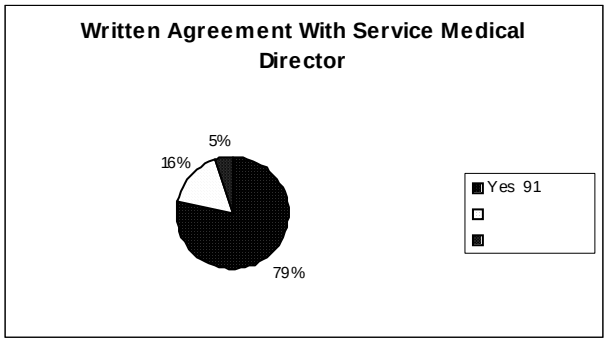


Table 35

The majority of EMS agencies currently have a written agreement with their medical director. However, there remain some agencies that do not have agreements or are not clear as to the status of their current agreement with the medical director. Further evaluation of the 19 EMS agencies who indicated that they do not have Medical Director agreements**, 17** services were non-certified Medical Rescues. Although these services are not required to have medical directors, efforts to assist those agencies that do not have written agreements should continue.

The respondents were asked to rate the level of involvement that their medical director has within their agency.

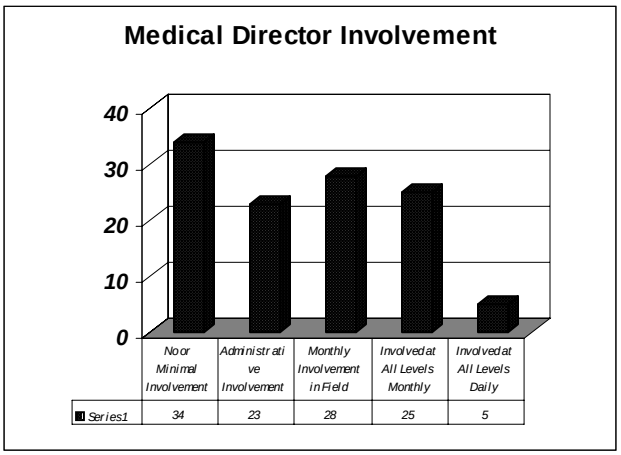


Table 36

This information seems to indicate that although a number of agencies rate their medical director's involvement as none or minimal, the vast majority of agencies indicate that their medical director is involved with both administrative and field personnel on at least a monthly or more frequent basis. Efforts to assist EMS agencies in increasing the level of involvement of their Medical Directors must continue. Increased involvement of service medical directors is an important aspect of agencies being able to improve their service to their communities.

One of the most critical components of pre-hospital emergency care is the existence of appropriate treatment protocols. To insure appropriate medical practice, service protocols must be reviewed and approved by the agency medical director. The respondents were asked to indicate whether or not their service currently has medical protocols that have been reviewed and approved by their medical director. The respondents provided the following information:

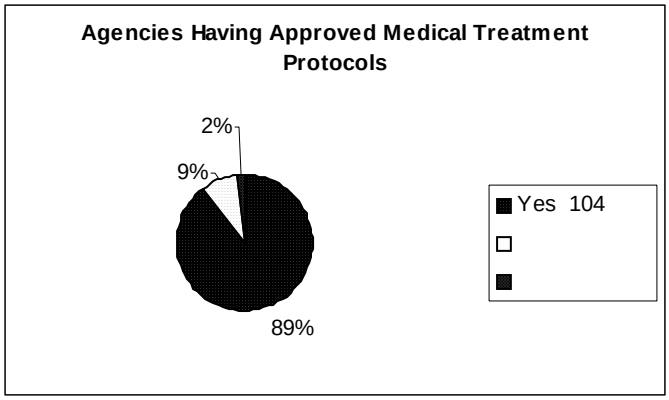
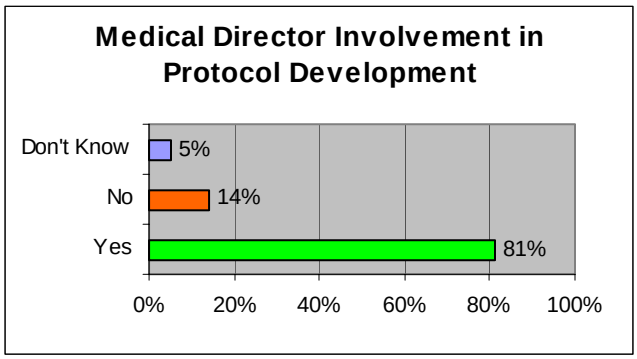


Table 37

This information indicates that approximately 90% of the respondents have medical treatment protocols in effect that have been reviewed and approved by their service medical director. Efforts to assist those agencies that either do not have approved protocols, or don't know whether protocols are in effect should be implemented to ensure the existence of medical treatment standards statewide.

As a follow-up to the existence of approved protocols, agencies were asked whether their service medical director was involved in the development of their medical treatment standards.



Responding agencies indicate that the vast majority are actively involving their medical director in the development of treatment protocols. Work to encourage those agencies that have not involved their medical director should continue.

Table 38

Agencies were asked when their medical treatment protocols were last reviewed and/or revised. 70 agencies responded to this question. The responses have been broken down into the year of the last revision of their treatment protocols.

Revised in 2003	18
Revised in 2002	47
Revised in 2001	8
Revised in 2000	1
Revised before 2000	1

Table 39

The respondents to this survey were asked to rate their opinion/understanding of their medical treatment protocols. Respondents rated their opinion/understanding based upon how well they believe that protocols reflect current pre-hospital practice.

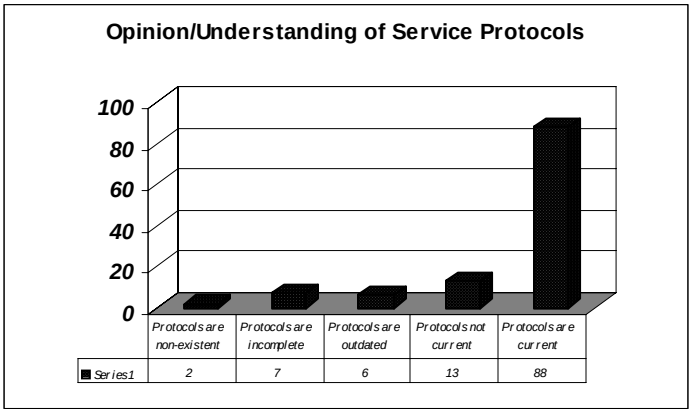


Table 40

Community Education

The development and implementation of community education programs is an integral part of the Emergency Medical Services System. The survey explored the level of activity by services in this arena. Respondents were asked to identify the frequency and methods of their provision of community education programs.

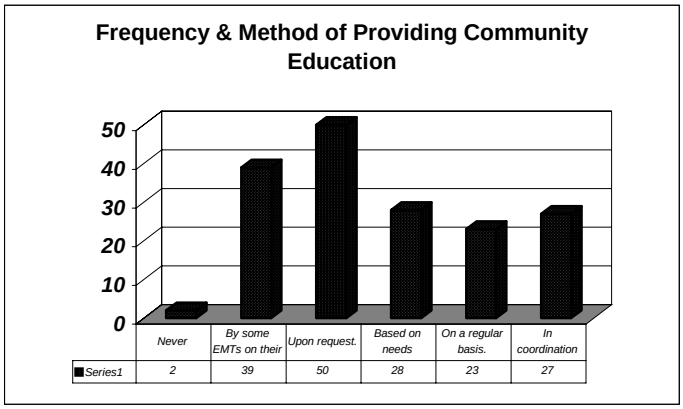


Table 41

Based upon the information provided by the agencies responding to the survey, the majority of community education programs appear to be provided by EMS agencies through individual EMT effort and when asked to do so by community groups. A coordinated effort to establish mechanisms that can respond to community requests for educational programs, as well as the development of standardized program content aimed at specific purposes could be established to support and expand these efforts.

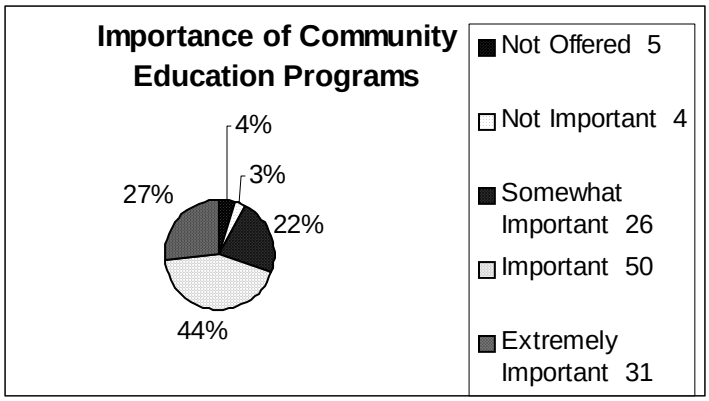
The agencies were asked to identify the types of community education programs that they provide on a regular basis.

Public school safety programs.	73
Citizen CPR and/or First Aid.	72
Infant/Child car safety seat checks.	25
DUI Prevention Programs.	23
Automobile Seat Belt Programs.	20
Other	20
Agriculture Safety Programs	8
Industrial Safety Programs.	4

Table 42

Programs identified under “other” included baby-sitting safety classes, specialized emergency care classes, manufacturing safety classes, and orientation type presentations regarding local EMS system capabilities.

The quality of community education programs is directly related to the level of importance that agencies attach to these activities. EMS services were asked to rate their view of the importance of community education activities.



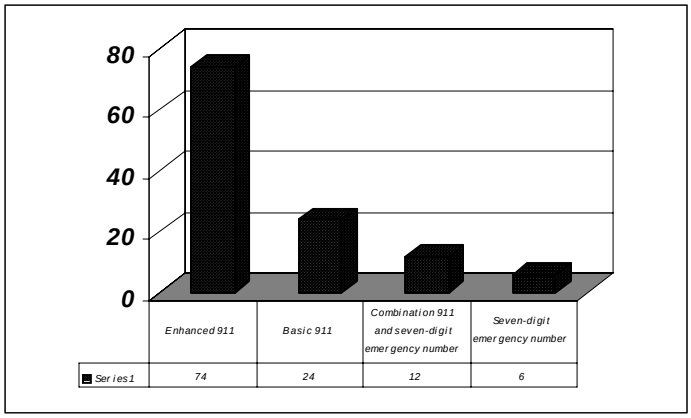
The majority of EMS services that responded to this survey indicate that they believe the provision of community education programs is important, or extremely important. Just under 1/3 of the respondents indicated that they do not provide community education or consider it less than important. Efforts to assist these agencies in developing and establishing community education programs should be initiated and supported in a way that will continue to improve the public understanding and appropriate use of the EMS system in New Mexico.

Table 43

Public Access

The ability of users to access emergency medical care is one of the initial components in the chain of survival. The survey queried EMS agencies regarding the methods and mechanisms used at the local level to access emergency assistance.

The respondents were asked to identify the most common method used by area residents and visitors to access emergency medical care.



Based upon this information, approximately 75% of the respondents indicate that Enhanced 911, Basic 911, or a combination of such telephone systems supports their local EMS access systems. However, approximately 25% of the agencies responding to this survey indicate that emergency access is accomplished by using seven-digit telephone systems. Work to implement 911 and enhanced 911 systems should continue with efforts being focused on the areas of New Mexico where 911 accesses are not presently available.

Table 44

Beyond the ability of the public to gain access to emergency care, appropriate methods of handling these calls and dispatching appropriate resources to answer calls for assistance. The respondents to this survey were asked to identify the type of dispatch center that presently serves their agency.

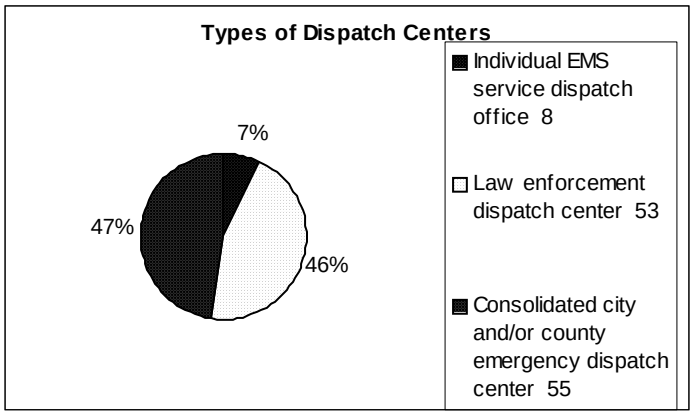


Table 45

The vast majority of EMS services indicated that they are dispatched by public safety centers, or dispatch centers operated by law enforcement agencies. The remaining agencies indicated that they are being dispatched by individual centers, generally operated by the service itself. This seems to indicate that the majority of New Mexico residents are served by larger dispatch centers that are able to facilitate communications between multiple agencies. Further review of those agencies where individual dispatch centers exist should be considered to ensure that appropriate methods exist to ensure that these centers are able to communicate with other public safety agencies.

The provision of pre-arrival instructions by dispatch centers is an important aspect of the overall pre-hospital care systems. The survey asked agencies to indicate whether the dispatch centers that support their activities routinely provide pre-arrival instructions.

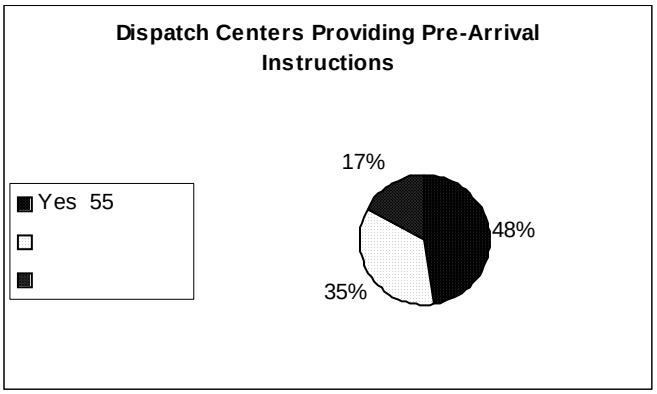


Table 46

21% of the respondents indicate that their dispatch center either does not provide pre-arrival instructions or it is not known whether instructions are provided. Efforts to establish and/or improve the provision of Emergency Medical Dispatch (EMD) procedures in those services not currently providing this service should be supported.

Of those agencies that indicated that their dispatch agency provides EMD services, respondents were asked to identify the type of pre-arrival instructions that are used. Agencies responding to this survey provided the following information:

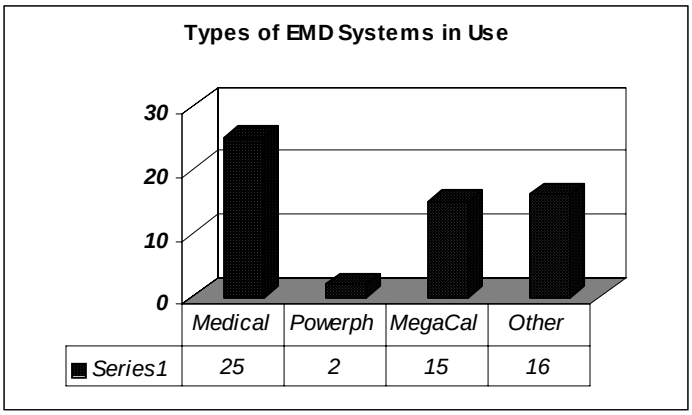


Table 47

Information Systems

The survey explored the current status of information systems within New Mexico's EMS system. Another important component of the emergency medical care system is the collection of data that can provide the basis for the identification of medical practice trends and pave the way for improved methods and techniques.

The initial source of patient care information is the *Patient Care Report* or "run form" that is completed by EMS personnel following each call. This information provides the initial official record of medical care, is passed along to hospital personnel as care of the patient transferred, and is the basis of most internal and external quality improvement programs. EMS agencies were asked to identify the type of EMS run form that they are presently using.

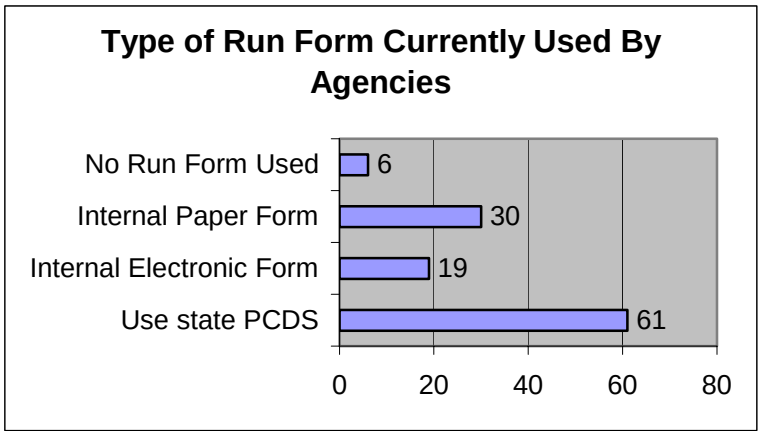


Table 48

Agencies were asked whether they would like to use the PDCS system provided by the IP& EMS Bureau. Their responses are indicated below:

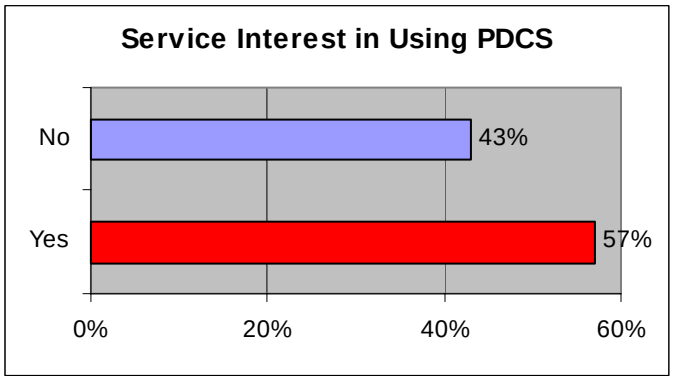


Table 49

One of the most significant emergency calls are those where patients refuse treatment and/or transport. Protection of EMS providers is predicated upon their ability to document such occurrences. The respondents to this survey were asked whether they currently have an EMS refusal form.

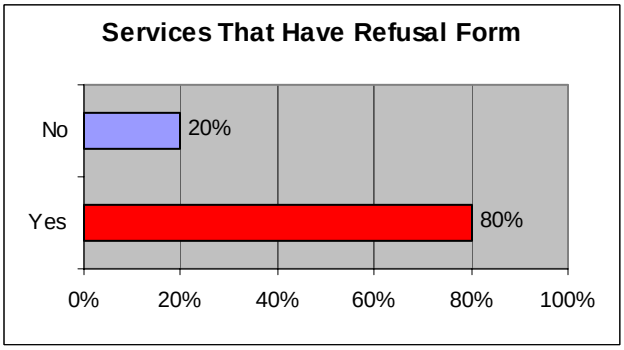


Table 50

The agencies that responded to this survey were asked to identify the purposes that data collected from run forms are used for. They responded as follows:

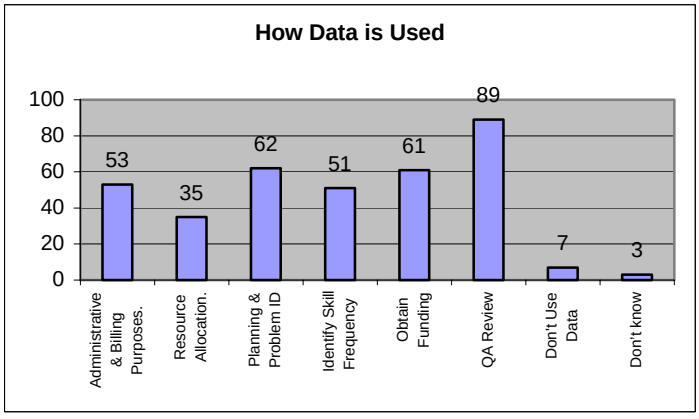


Table 51

Transportation

Obviously, a prehospital care system depends upon its ability to move patients from one point to another. The availability of dependable ambulance and special-purpose vehicles is critical to the operation of all services throughout the state.

EMS agencies were asked to identify the numbers of vehicles of various types that they currently have in service. The responses are as follows:

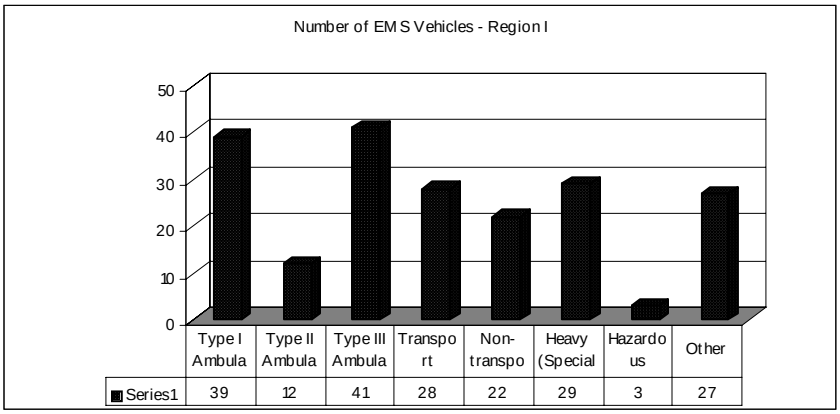


Table 52

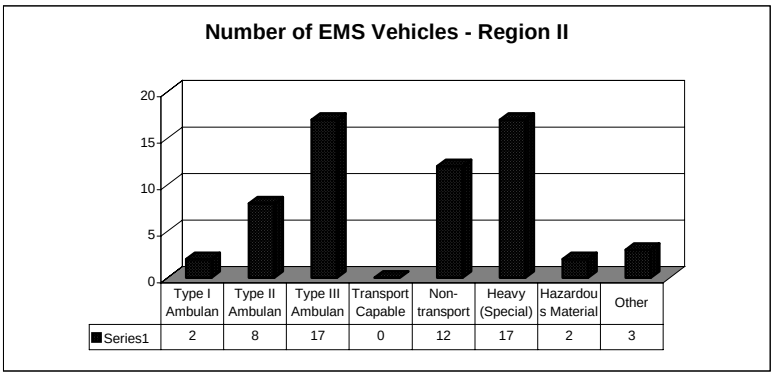


Table 53

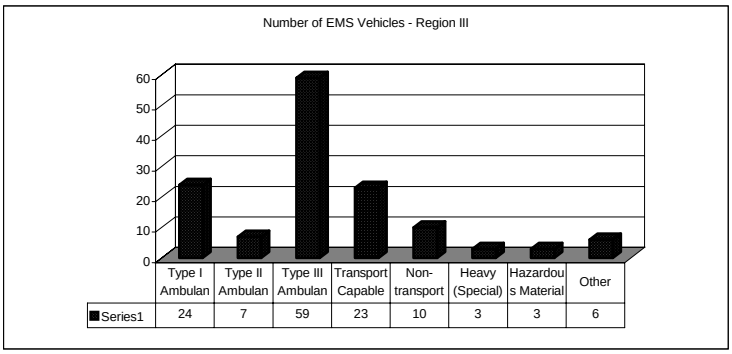


Table 54

In addition to the total number of EMS units that are presently in service, it is important to acknowledge the age of the overall fleet. In order for EMS agencies to maintain their highest level of preparedness, vehicles and equipment that are contemporary and able to withstand the rigors of regular EMS service must support it. The respondents were asked to provide the approximate age of their ambulance transport units. It is important to note that this question related only to patient transport capable vehicles. The information provided is as follows:

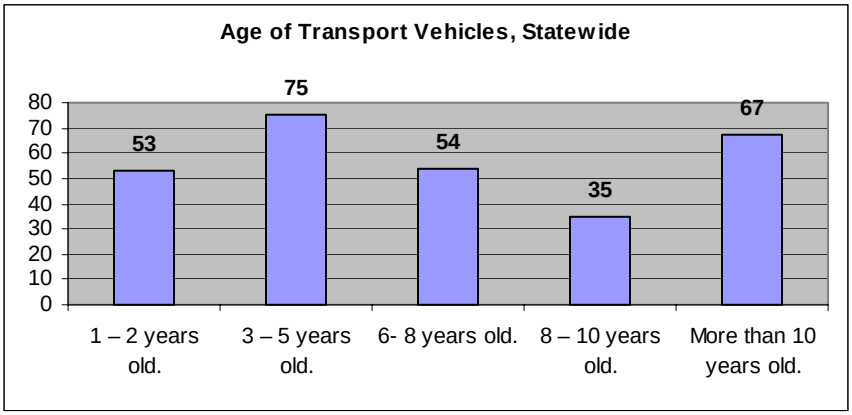


Table 55

Services were asked to identify whether their patient transport units are equipped to the current level of practice for their service.

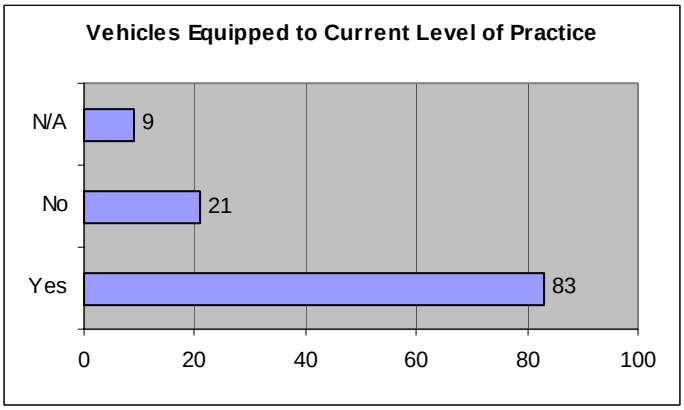


Table 56

The on-going process of vehicle maintenance and replacement of emergency vehicles is important to the long-term well being of emergency service agencies. The respondents to this survey were asked a number of questions regarding their maintenance and replacement plans for their vehicle fleets.

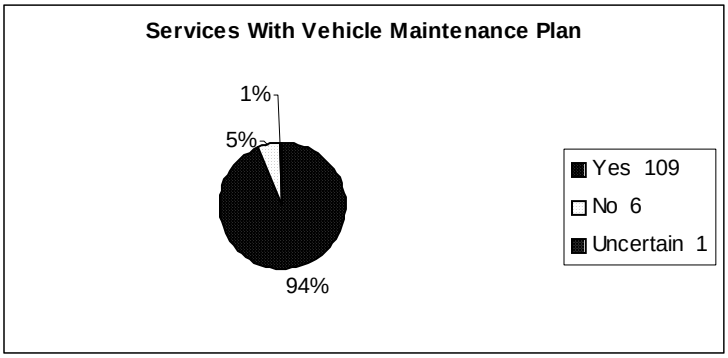


Table 57

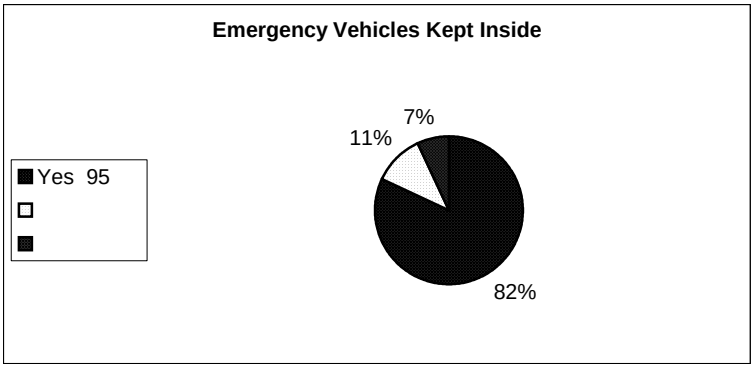


Table 58

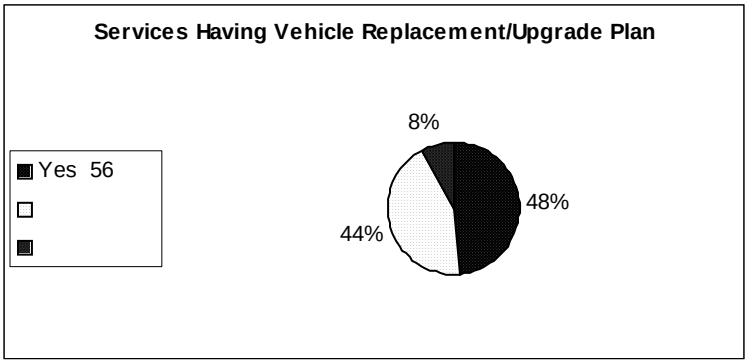


Table 59

Emergency Preparedness

The final section of the survey deals with the planning and capabilities of EMS agencies in emergency planning for multiple casualty circumstances. This issue is a major component of not only the ability to handle routine multiple casualty incidents, but the ability of the pre-hospital care system to manage larger incidents resulting from man-made or natural disasters.

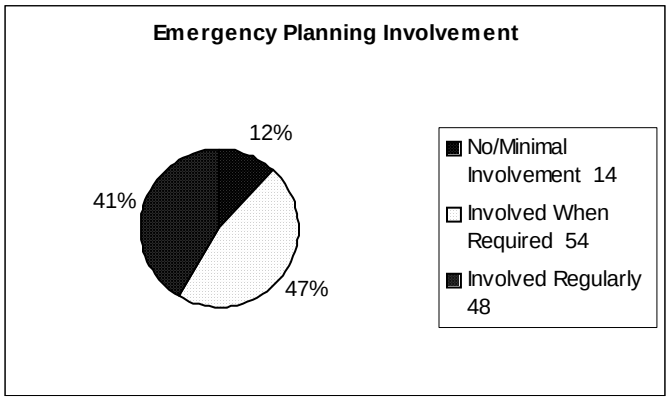


Table 60

EMS agencies were asked to identify their current level of involvement in their local emergency preparedness planning system. The results were broken into three basic areas; no or minimal involvement, involved when required and/or asked, and whether agencies are regularly and/or extremely involved.

The level of activity of EMS agencies in their local and regional emergency planning activities appears to be relatively low considering the importance of this component. The ability of community response to major incidents is critical in today's world. Efforts to support these activities must continue with particular focus on individual service participation at the county, regional, and state levels.

One of the key elements in emergency preparedness is the testing of local systems to cope with large incidents through the use of drills. EMS agencies were asked to indicate their level of participation in local mass-casualty drills.

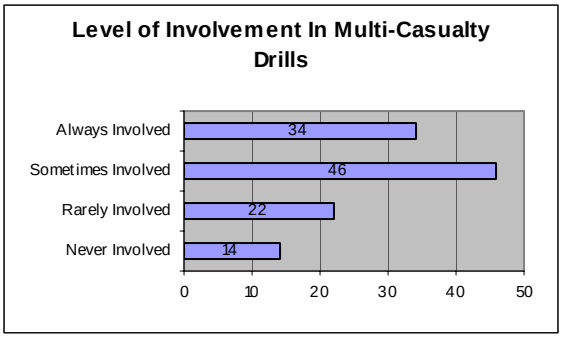


Table 61

The process of emergency planning with local hospitals and medical facilities is a critical component of local emergency planning activities. EMS agencies were asked to identify their level of involvement with their local hospitals in planning for mass-casualty situations.

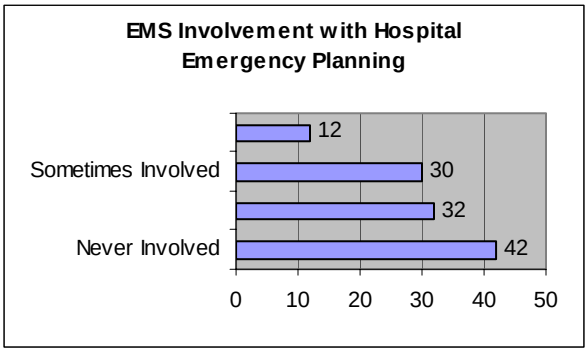


Table 62

An important part of planning for emergency situations where multiple patients and/or multiple emergency calls occur is the concept of "surge capacity". This is a measurement of the maximum number of calls/patients that can be handled by an agency and/or area during such special circumstances. EMS agencies were asked to identify the maximum number of patients/calls that can be handled and to measure how long their agency can maintain their maximum response capability.

A basic piece of information in order to develop realistic plans for emergency response is to identify the maximum number of EMS calls that agencies can answer within a given 24 hour period. Table 63 gives the average number of maximum number of calls that can be handled by services in each EMS Region as provided by those agencies responding to the survey.

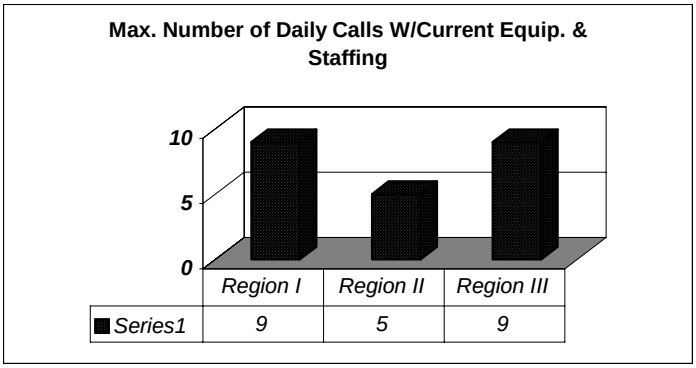


Table 63

EMS agencies were asked to identify whether they have an internal disaster plan. They responded as follows:

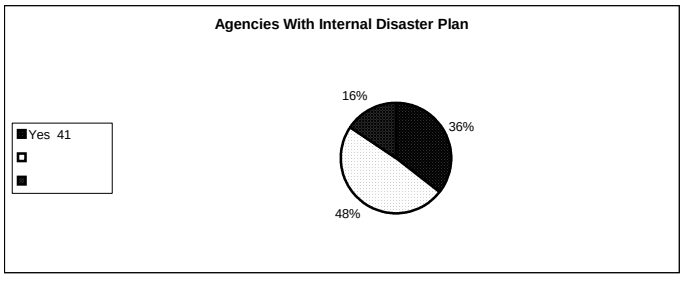


Table 64

According to the respondents, 48% of these EMS agencies do not presently have an internal disaster plan. Efforts to assist local EMS agencies to develop, implement, and test internal disaster plans should become a priority of state and regional EMS support agencies. It is vital that EMS agencies throughout New Mexico take accountability and responsibility for those aspects of mass-casualty response that is theirs.

Agencies were asked to identify the MAXIMUM number of calls for assistance that they could answer within a 24-hour period if they activated their internal disaster response plans. The average call volume per EMS Region that the respondents provided are as follows:

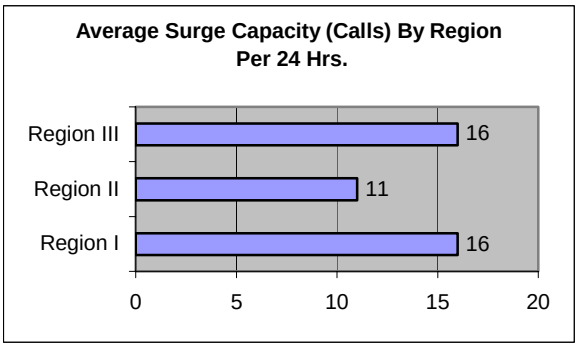


Table 65

Another facet of emergency planning is identifying the maximum number of days that an EMS system can maintain it's maximum effort. The respondents indicated that their services could maintain maximum effort for an average number of days as follows:

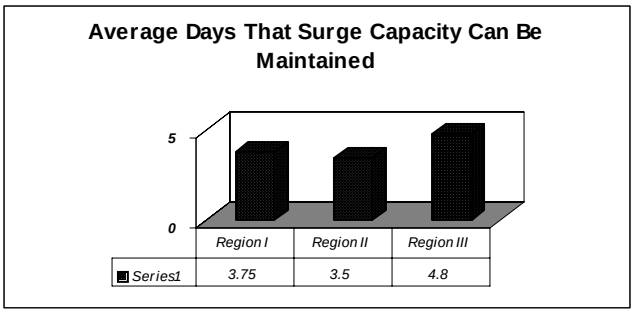


Table 66

The agencies responding to this survey were asked to identify the primary limiting factor to their ability to maintain maximum effort in disaster circumstances. They responded as follows:

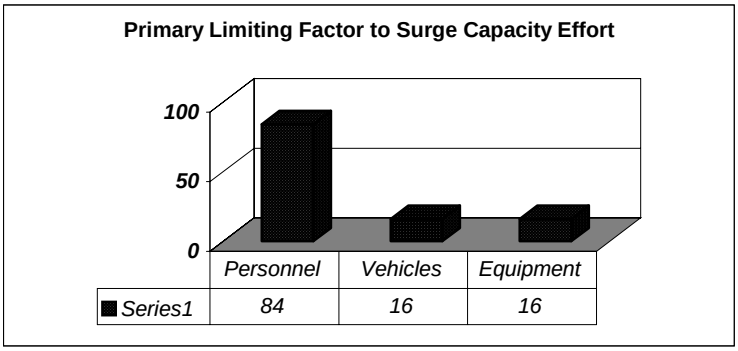


Table 67

Obviously, when extreme circumstances occur, emergency service agencies depend upon each other to provide assistance when local resources are overwhelmed. In order for these situations to be handled in the most efficient manner, it is important to have pre-established agreements between agencies that outline the methodology of the multiple agency response. Mutual aid agreement development is one of the more important aspects of planning for large emergency responses.

EMS agencies were asked to indicate whether or not they presently have written mutual aid agreements in place. If agreements are presently in place, how broad these agreements extend was also required. Agencies responded as follows:

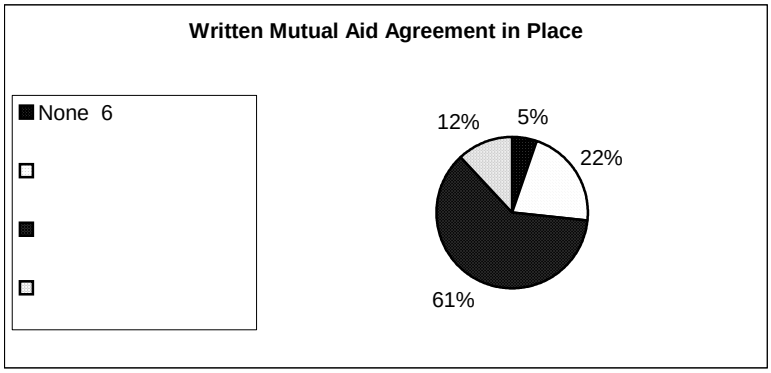


Table 68

A major component of any large-scale emergency response is the role of the Fire Department. In order to measure the capability of New Mexico's fire service agencies to respond to these types of situations, a number of survey questions were directed specifically to fire departments that provide routine EMS service to their communities.

Fire Departments were asked to what degree a large-scale fire response would impact their ability to respond to EMS needs in their community. Table 69 gives the results of these responses:

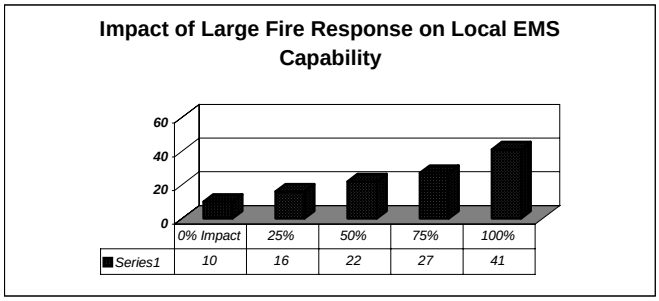


Table 69

Over ½ of the fire department based EMS services that responded to the survey indicate that a large fire suppression response, in addition to the presence of multiple casualties, would decrease their ability to provide EMS services by over 50%. This seems to indicate that should a mass casualty incident that also involves a significant fire suppression response, there would be a significant decrease in the ability of local emergency service agencies to handle patient care needs. Emergency preparedness planning must take multiple threat issues of this nature into account when developing local, regional, and statewide response plans.

Multiple casualty situations require the use of non-traditional solutions. Agencies responding to this survey were asked to indicate whether they include the use of alternative evacuation methods, such as busses, vans, etc. to transport patients in the event of a large multiple casualty situations. They responded as follows:

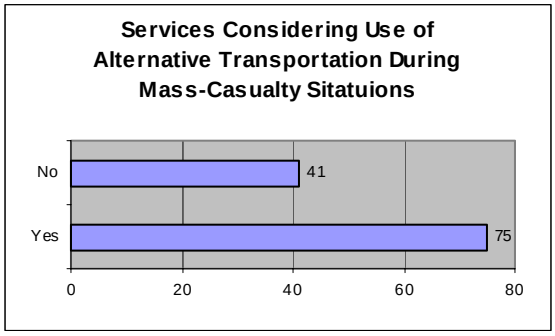
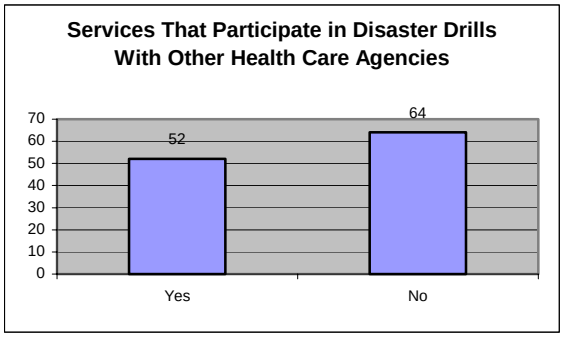


Table 70

Agencies were asked whether they currently participate in mass casualty drills with other local health care agencies. They responded as follows:



According to the respondents, the majority of EMS agencies do not currently participate in disaster, or multiple casualty drills with other local health care agencies. Emergency preparedness planners should provide additional support to local services and health care agencies to encourage the regular exercising of their emergency response plans to incidents of this nature.

Table 71

Specialized training in the appropriate response to various types of multiple casualty situations is a critical component of the disaster response system in New Mexico. Emergency Medical Service systems were asked to identify the various areas in which their personnel have received specific training. They responded as follows:

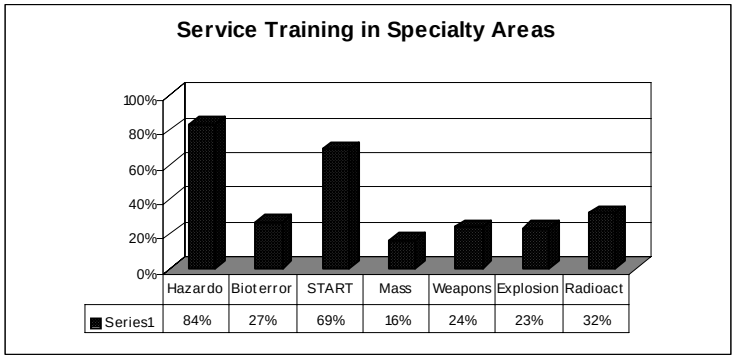
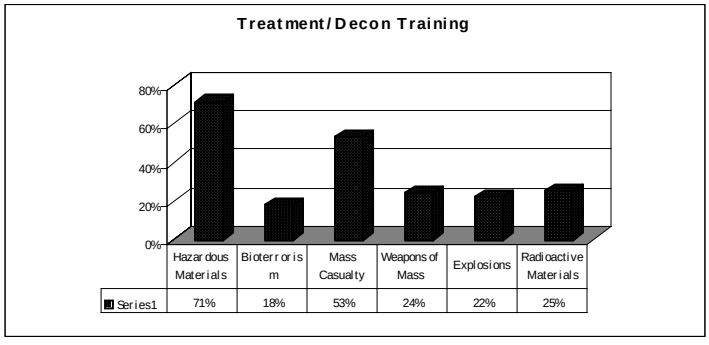


Table 72

Respondents were asked to indicate whether they had received training in the treatment and decontamination of patients in various specialty areas of mass casualty threats that exist in the world today. The responses by percentage of services that indicated they've received training in these areas are listed in the following graphic.



This information seems to indicate that a need for specialized training in various areas of mass casualty management should be accomplished. In order for New Mexico EMS services to be adequately prepared to meet the various types of threats that we face in today's world, it is imperative that first responders receive adequate training in these areas.

Table 73

The agencies responding to the survey were asked to identify whether they have standard operating guides for specific types of mass casualty situations. Their responses are as follows:

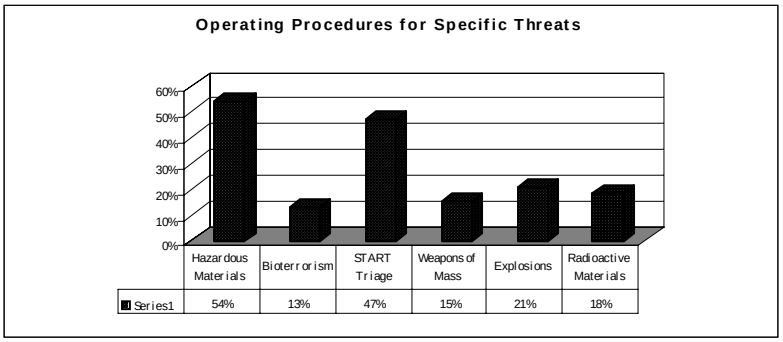


Table 74

Agencies responding to the survey were asked to indicate the level of hazardous materials training that they have completed.

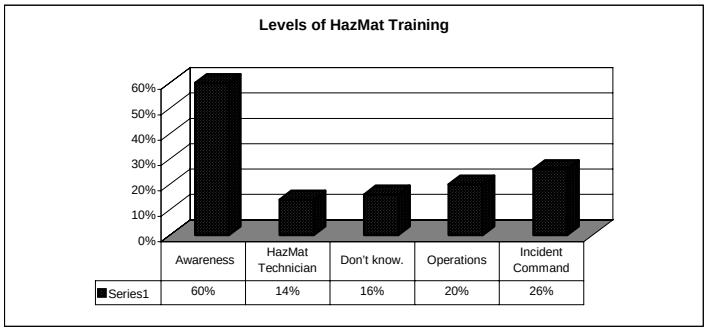


Table 75

Although the majority of services that responded to this survey indicate that they have received training at the HazMat Awareness level, the percentage of services receiving more advanced levels of this training falls dramatically. Efforts should continue to ensure that all EMS response services has sufficient personnel trained at levels to provide adequate knowledge and understanding to mitigate hazardous materials situations that might occur in many NM communities.

The respondents were asked to identify their current level of collaborative training with other emergency response agencies. They responded as follows:

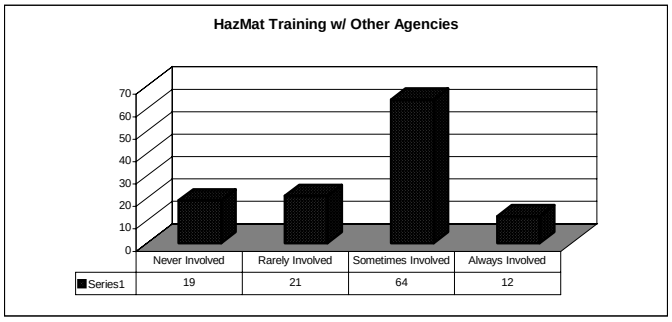
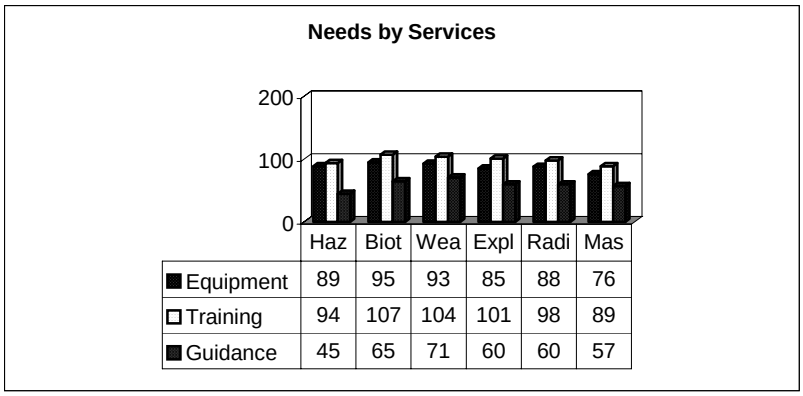


Table 76

This data suggests that most EMS services in agencies are sometimes involved in training activities with other emergency response agencies. Although this is significant, agencies should be encouraged to collaborate with other services in establishing mutual training and exercise opportunities. This will strengthen no only each individual agency's readiness, but will greatly strengthen the mutual-aid response capabilities of county and regional emergency response plans.

EMS services were asked to identify what resources in terms of equipment, training, and guidance they need in several specific areas of emergency response to maintain their proficiency and abilities to respond to large incidents.



	Haz	Biot	Wea	Expl	Radi	Mas
Equipment	89	95	93	85	88	76
Training	94	107	104	101	98	89
Guidance	45	65	71	60	60	57

Table 77

The respondents were asked to identify whether their internal disaster plan contains operational preparations for Critical Incident Stress Debriefing. The respondents provided the following information

Yes	66	57%
No	50	43%

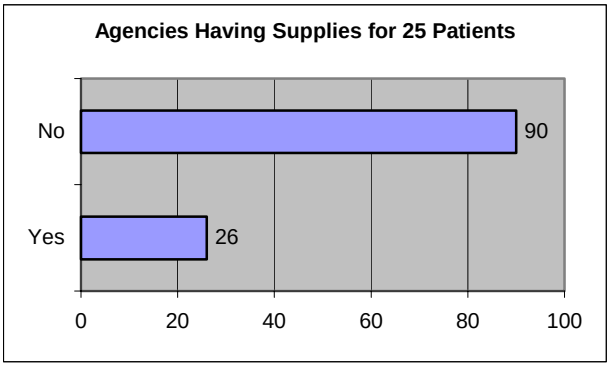
Table 78

The agencies were asked to identify specific types of training that they had received. They responded as follows:

The emotional/mental health impact of large-scale disasters?	35%
Acquisition of supplies and equipment during emergencies?	30%
Incident command system?	76%
Public communication skills and rumor control	36%
When and where to report unusual and known reportable symptoms?	40%
Dealing with special populations, including the chronically mentally ill, the elderly, and people with physical and developmental disabilities?	61%

Table 79

The respondents were asked to state whether they currently have medical supplies and equipment on hand to care for at least 25 patients or more.



The data regarding this issue shows that the vast majority of EMS services do not presently have sufficient supplies and equipment to treat a minimum of 25 patients in a mass casualty incident. Steps should be taken to support the development of expanded treatment capabilities within local, county, and regional areas to support the immediate response of agencies with sufficient equipment to handle a medium sized multiple casualty incident.

Table 80

Communications

The component that brings the various aspects of an emergency response system together in a cohesive system of transportation and medical care is adequate communications. The EMS services responding to this survey were asked to provide information regarding their current communication systems and communication capabilities.

Agencies were asked to identify whether they currently have UHF EMS Communications (EMSCOM) within specific components of their local EMS service area. They responded as follows:

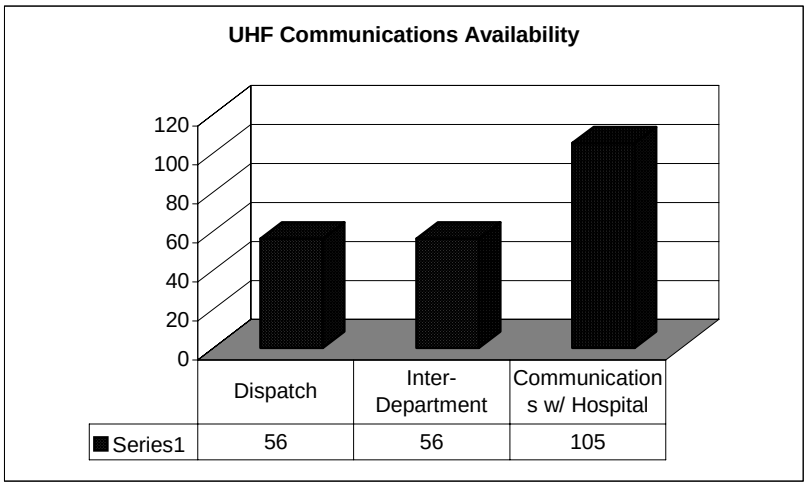
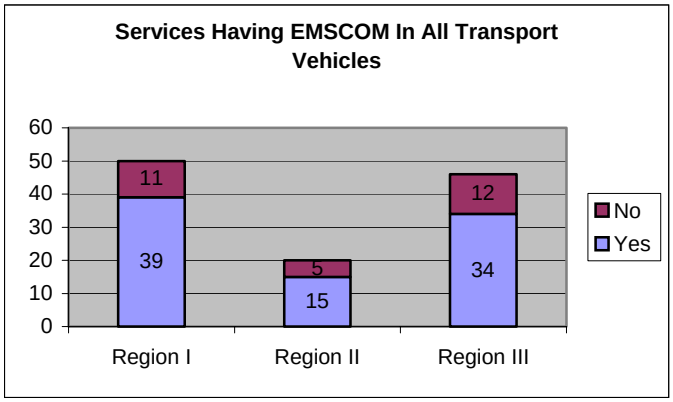


Table 81

The respondents were asked whether they currently have UHF EMSCOM communications capability within each transport capable unit within their service.



Understanding the critical importance of communications between field units and receiving facilities, it is highly recommended that efforts be undertaken to ensure that all transport capable vehicles have the ability to establish medical control communications with receiving facilities.

Table 82

Agencies were asked to identify what type of wireless communications are being used for service communications.

Types of Wireless Communications Used By Services	
UHF	69
400 Mhz	6
800 Mhz	7
Trunked 800 Mhz	5
VHF Radio	87
Cell Phone	73
Personal Data Assistant	2

Table 83

As shown by this data, there is a variety of communications systems presently in use by NM EMS agencies. Efforts to improve the reliability and interconnectibility of EMS communications systems should continue.

The services responding to this survey were asked to state whether they currently have a copy of the New Mexico EMS Communications manual (1998).

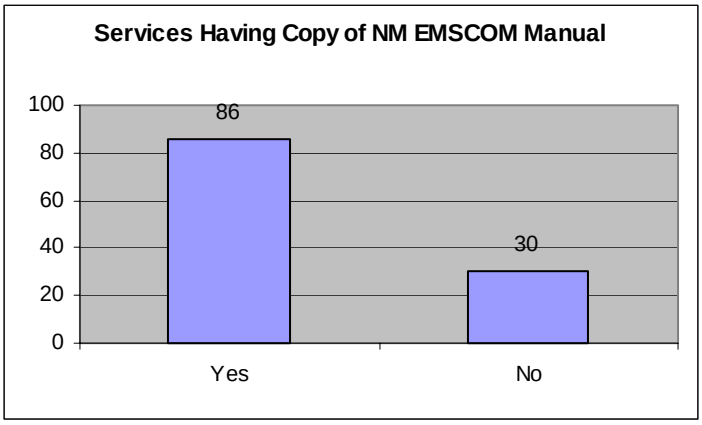


Table 84

The respondents were asked to identify the approximate percentage of EMS calls where Santa Fe Control is used to assist in the completion of the process. Their responses are as follows:

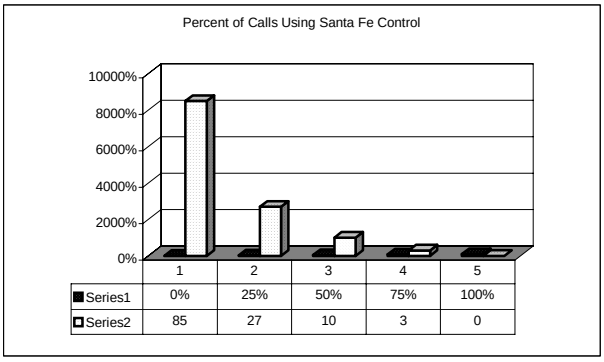


Table 85

The respondents were asked to indicate whether their personnel are familiar with the statewide EMS repeater system.

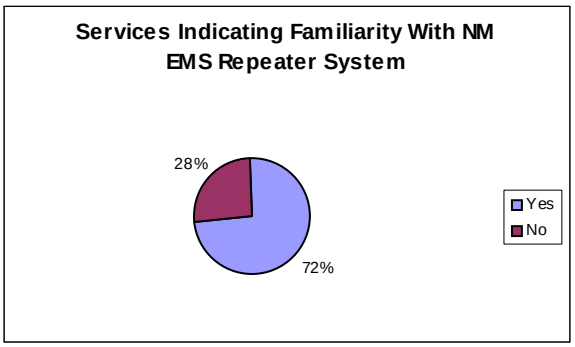


Table 86

Although the majority of services responding to this survey indicate that their personnel are familiar with the use of New Mexico's EMS repeater system, there remain those services who are not. Efforts to provide this information to those services indicating unfamiliarity with the New Mexico EMSCOM system should continue.

The agencies responding to this survey were asked to indicate whether their field personnel understand how to request repeater link assistance from Santa Fe Control.

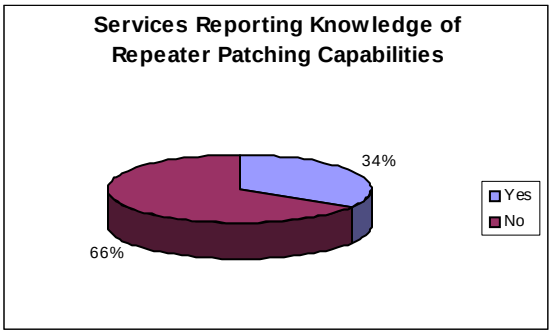


Table 87

Agencies were asked whether they are currently satisfied with the ability of their dispatch/call receipt agency's ability to meet EMS system needs.

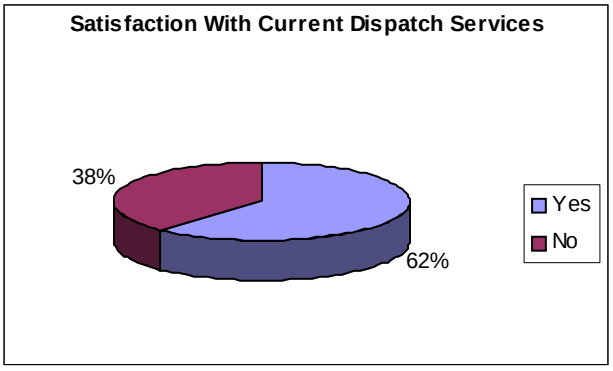


Table 88

The agencies responding to this survey were asked to indicate the approximate number and age of their mobile UHF radio equipment.

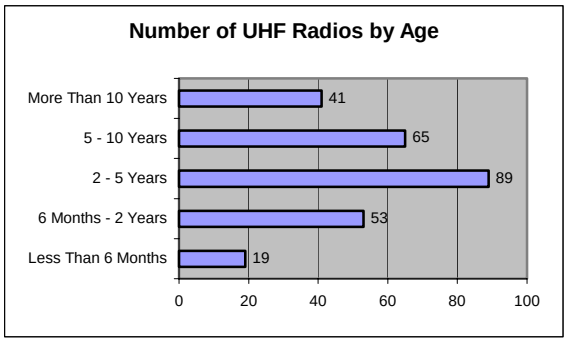


Table 89

According to the data, a number of radios are clearly beyond their service life and should be replaced. Priority should be given to the replacement of radio equipment that is beyond its service life.

The respondents were asked to identify the number of mobile UHF radios, and number of channels in those radios, that are presently in service

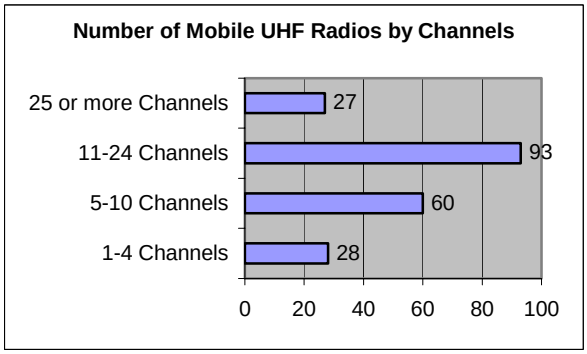


Table 90

Finally, EMS services were asked to rate each of 13 EMS program areas as to their relative importance for attention by state, regional, and local EMS agencies over the next 3 years. These are the results of this important question.

	Program Area	Very Important	Important	Not Important
1	EMS System Finance	77%	16%	8%
2	Access To Training & Continuing Education	74%	23%	3%
3	Evaluation	14%	70%	17%
4	Public Access	25%	65%	10%
5	Integration of Health Services	22%	64%	15%
6	Information Systems	32%	59%	8%
7	Communications	58%	37%	5%
8	Facilities	28%	58%	14%
9	Emergency Preparedness	56%	39%	4%
10	Transportation	55%	37%	7%
11	Public Education	40%	53%	7%
12	Legislation, Regulation & Organization	38%	52%	10%
13	Medical Direction	50%	42%	8%

Table 91

Summary

Although this report contains significant amounts of information, there are areas of concern and opportunity that present themselves. Hopefully, EMS system administrators at the local, regional, and state levels will review this document in its entirety and make good use of the information contained herein. In an effort to outline some of the most obvious and significant issues that present themselves, the following list of issues by section are submitted for consideration.

1. The vast majority of respondents to the survey feel that the current level of regulation of the New Mexico EMS system is sufficient. This is a tribute to the on-going work that system leaders have conducted to ensure an open legislative process that achieves consensus between stakeholders. However, as system needs change and the technology that supports EMS and trauma system operations changes, a regular review of the regulatory process within the EMS system should be conducted.

2. Although 34% of the EMS agencies in New Mexico responded to this survey, it seems to represent an cross-section of the EMS services in the state. One of the most significant findings regarding the financial status of EMS services is their heavy dependence upon the New Mexico EMS Fund Act. Approximately 1/3 of the agencies responding to this survey indicated that their major source of financial support is the state dollars provided in this manner. EMS system administrators and stakeholders should review this information and further review the appropriateness of funding levels in the Fund Act as well as work with agencies wherever possible to identify alternative sources of revenue.

3. Although the majority of respondents indicated that they are using some form of electronic billing, efforts to support those agencies who do not currently have efficient patient billing systems in place should be undertaken. This effort will assist agencies in recognizing their full financial potential.

4. Efforts to continue the expansion of training and educational opportunities should continue. Given the large distances that rural providers travel in order to complete refresher and CE training, New Mexico's EMS educational institutions must continue to increase their outreach programs and explore alternative methods of delivering state-of-the-art educational programs.

5. Based upon the information provided by the respondents to this survey, there are a number of areas for improvement in the area of Evaluation. Those agencies that are not presently completing patient care reports (PCR) should be encouraged to do so. Regional and state resources should be allocated to provide the resources and training required to ensure that every EMS agency produces a PCR on every patient contact. In addition, efforts should be undertaken to support the expansion of quality improvement activities throughout many agencies.

6. Most agencies responding to this survey indicated that they do not participate in the trauma system development process. Given that pre-hospital care is a critical component of New Mexico's trauma system, their participation in the planning process is vital. Regional and state leaders should work to increase the involvement of EMS agencies in all phases of the trauma system and specifically their RETRAC agencies.

7. Almost ½ of the agencies responding to this survey indicated that they do not have mechanisms in place to participate in local planning efforts within their local medical communities. Strategies should be developed to assist and support local agencies to increase their interaction with their community medical system in planning activities.

8. The majority of respondents indicated that their service medical director is involved in their provision of service. However, there remain some services that either do not have a medical director, or have minimal contact with him/her. Efforts should continue to promote and support the involvement of medical directors in the routine activities of EMS agencies.

9. Although many EMS agencies are involved in community education programs, the respondents to this survey indicated that most of this activity is accomplished by individual EMTs on their own time. Efforts should be made to increase service involvement in their local community education process. This might include the development of standardized programs that can be replicated by many services as well as the providing support to those individuals who give of their time to conduct community education programs.

10. Although the majority of EMS agencies are supported by public safety dispatch centers, there continues to be a segment of the state that is either not served by formal dispatch centers, or does not have 911 capability. Efforts to improve public access to emergency services should continue to be a priority.

11. The development of an enhanced run form system in New Mexico has clearly been successful. Efforts to support those agencies who have not established appropriate information systems must continue.

12. According to the agencies that responded to this survey, there is a wide variety of vehicle types and ages. As EMS system planners look towards the replacement of emergency vehicles, efforts to ensure that all equipment is appropriately equipped and ready to respond must continue.

13. There are a number of issues identified in the area of emergency response. Although many agencies are well equipped and prepared, there apprears to be a number of areas that can be improved. The establishment of comprehensive mutual aid agreements is of vital importance. Regional and state agencies should continue to work with local emergency agencies to ensure that appropriate mutual aid agreements are in place and that drills are conducted on a regular basis to ensure that all aspects of the patient care system will work if ever needed. In addition, further research should be conducted to more fully evaluate the surge capacity of communities, counties, and regions to ensure that appropriate resources are available during catastrophic incidents.

14. The New Mexico EMS communications systems has been recognized as one of the most comprehensive systems of its kind in the western US. The majority of respondents indicated that they are familiar with the system and understand how to use it. However, efforts should continue to ensure that local EMS agencies are equipped and trained to use the system when necessary. Of significant importance is the aging condition of most UHF radios that are in the field at this time. Planners should identify mechanisms to update the EMSCOM radio system as appropriate.

The final questions to which respondents reacted was to rank the level of importance of specific system components. Hopefully, this information will be used to support future decisions regarding the New Mexico EMS system and its future development.

Statewide EMS Survey Steering Committee Members

Ahlgrim	Rea
Bradley	Joyce
Deen	Jerry
Derrick	Jim
Driskill	Dan
Dunlop	Phil
Fullerton	Lynne
Harris	Bill
Harrison	Jerry
Kuykendall	Randy
Lopez	Jesus
Maez	Melissa
Marshall	James
Peratte	Martin
Quezada	Erin
Raynovich	Bill
Richards	Mike
Roberts	Donnie
Stover	Jim
Vigil	Alfredo
Warren	Linda

Agencies Responding to the Survey

Name
AIRCARE
ALAMO NAVAJO EMS
ALBUQUERQUE FIRE DEPARTMENT
ANGEL FIRE EMS
ARCH VOL. FIRE & AMB.
ARTESIA FIRE DEPARTMENT
BARD-ENDEE FIRE DIST.
BAYARD VOL. FIRE DEPT.
BELEN FIRE & RESCUE 8
BERNALILLO COUNTY FIRE & RESCUE
BERNALILLO FIRE & RESCUE
BLUEWATER ACRES - MCKINLEY COUNTY
BOLES ACRES EMS
BRAZOS CANYON VOL FIRE DEPT.
BURRO FLATS VFD & EMS
CABALLO FIRE & RESCUE
CABO LUCERO FIRE/EMS/RESCUE
CAPULIN EMS
CARLSBAD FIRE DEPT. AMB. SERVICE
CATRON COUNTY AMBULANCE SERVICE/RESCUE
CERRO FIRE DEPT.
CIMARRON AMBULANCE
CITY OF HOBBS FIRE DEPT.
CITY OF JAL AMBUALNCE SERVICE
CITY OF LAS VEGAS FIRE DEPARTMENT
CLAYTON FIRE & RESCUE
COCHITI LAKE VOL. FIRE & RESCUE DEPT.
COLUMBUS VOL. FIRE DEPT./AMBULANCE SERVICE
COTTON CITY VFD
CROWNPOINT EMS/NNEMS
CROWNPOINT VOLUNTEER FIRE DEPT.
CUBA FIRE & RESCUE
CUBERO VOL. FIRE DEPT.
DATIL RESCUE
DES MOINES AMBULANCE/EMS
DEXTER FIRE & RESCUE
DORA FIRE & AMBULANCE
DUNGAN VOLUNTEER FIRE DEPT. (0320220)
EL DORADO FIRE & RESCUE SERVICE
ESPANOLA FIRE & EMS

ESPANOLA VALLEY AMBULANCE
EUNICE FIRE & RESCUE
FOLSOM EMS
FORREST VOL. FIRE DEPARTMENT
FORT SUMNER AMBULANCE
FT. WINGATE FIRE DEPT.
GILA VALLEY EMS
GLENWOOD FIRE AND RESCUE
GRADY VOL FIRE DEPT.
GRENVILLE RESCUE
HARDING CO. R.F.C.D.#2, ROSEBUD RESCUE
HART VALLEY FIRE DEPT.
HATCH AMBULANCE SERVICE
HIDALGO CO. AMBULANCE & RESCUE
HILLSBORO FIRE/RESCUE DEPT.
HORSE MOUNTAIN EMS
HOUSE MEDICAL RESCUE SERVICE
ISLETA EMS
JARALES PUEBLITOS BOSQUE FD R-9
LA MESA VOL. FD
LAS ALTURAS VOLUNTEER FIRE DEPT.
LEE ACRES FIRE DEPT.
LINCOLN COUNTY EMS
LIVING CROSS AMBULANCE SERVICE
LOCO HILLS FIRE DPT.
LOGAN AMBULANCE SERVIE
LOS ALAMOS COUNTY FIRE DEPT.
LOS CHAVEZ FIRE DEPT.
LOS LUNAS MEDICAL 6
LOVINGTON FIRE DEPARTMENT
MALAGA FIRE & EMS
MALJAMAR VOL FIRE DEPT. & EMS
MEADOW LAKE VOL. FIRE & RESCUE
MED FLIGHT AIR AMBULANCE
MED STAR AMBULANCE
MEDNET AMBULANCE SERVICE, INC.
MESCALERO APACHE FIRE RESCUE
MIDWAY FIRE & EMS
MILNESAND FIRE & AMBULANCE
MIMBRES VALLEY EMS
MT. TAYLOR AMBULANCE
N. M. STATE UNIVERSITY DEPT. OF FIRE & EMERGENCY SVCS.
NASA FIRE & EMERGENCY SERVICES

NO INFORMATION GIVEN AT ALL!
ORO VISTA FIRE/RESCUE
PINEHAVEN VFD
PORTALES FIRE DEPARTMENT
PUEBLO OF ACOMA CHR/EMS/FIRE DEPT.
RATON FIRE & EMERGENCY SERVICES
RIO RANCHO DEPT. OF PUBLIC SAFETY
RIVERSIDE VOLUNTEER FIRE DEPARTMENT
ROCKY MOUNTAIN EMS
ROSWELL FIRE DEPARTMENT
RUIDOSO EMS
SAN JON COOP AMBULANCE
SAN JUAN COUNTY FIRE DEPT.
SAN JUAN COUNTY FIRE DEPT., CEDAR HILL DIST 3
SAN JUAN COUNTY FIRE DEPT., CEDAR HILL DIST. 3
SAN JUAN COUNTY NAVAJO DAM VOLUNTEER FIRE DEPT.
SAN JUAN REGIONAL EMS
SANTA FE COUNTY FD - EDGEWOOD DISTRICT
SANTA ROSA VOL. FIRE DEPT.
SOUTH VALLEY VOL. FIRE DEPT.
SPRINGER VOLUNTEER EMS
SUNSPOT EMS
SUPERIOR AMBULANCE
TAOS COUNTY EMERGENCY SERVICES DEPT.
TATUM VOLUNTEER AMBULANCE SERVICE
TEXICO VOL. FIRE DEPT.
TIMBERON EMS
TOWN OF BERNALILLO EMS
TUCUMCARI FIRE DEPARTMENT
TUCUMCARI MEDICAL SERVICES DEPT.
VANDERWAGEN VOL. FIRE DEPT.
VILLAGE OF CAUSEY AMBULANCE SERVICE
WILLIAMSBURG FIRE
ZIA PUEBLO VOL. FIRE/RESCUE